Meeting of the

COUNCIL OF STATE DIRECTORS
OF
VOCATIONAL REHABILITATION
with the
OFFICE OF VOCATIONAL
REHABILITATION

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VOCATIONAL REHABILITATION

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Washington, D. C.

May 4-6, 1959

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P R O C E E D I N G S

May 5, 1959

MR. SCURLOCK: I wonder if we can be seated, please.

I am going to ask you to rise. P. G. Sherer, Director of South Carolina, will lead us in the invocation.

MR. SHERER: Our Heavenly Father, we are thankful for the privilege which is ours this morning of coming together for the purpose of better preparing ourselves for the tasks that are before us.

We are thankful for the lives of those who have dedicated their talents, their service, and their interest so that those who are less fortunate than we might enjoy more fully the privileges of life and so that they may have a fuller realization that they really belong.

We pray, Heavenly Father, that Thou will bless this coming together. Bless the leaders and those who have prepared the program. And we pray that we may go away from this place feeling that we are better prepared for the tasks that lie before us.

We are thankful for all of the experiences that we have had and for the past evening, the inspiration there, the privilege of hearing and seeing those who are working with our handicapped citizens so that they might have a fuller place in life.

We pray, Heavenly Father, that Thou will bless those in our midst who have devoted their lives in the interest of this program and who are back with us to give us inspiration and leadership yet.

And now we pray for our country in this time, that Thou will bless our leaders, our President, that Thou will guide him and direct his way that we may be led in the way that Thou would have us go.

We are thankful that other countries are looking to us for leadership, that they are interested in what we are doing for the handicapped, and that through this service we may plant some seed of democracy in the countries there.

Go with us through the remainder of this day and the program here in Washington. And when life is over, forgive our sins and save us.

We ask for Christ's sake.

Amen.

MR. SCURLOCK: We are opening just a little bit late but not much. I suppose for a Rehabilitation meeting we are just about on time.

If I understand it correctly, it was just about 23 years ago that this Council was organized. I believe this is the 23rd meeting of the Council.

I just wonder how many in this room were in San Antonio when it was organized. May I see the hands, please?

(Show of hands.)

A few hands.

I could put mine up. I was not a State Director at that time, but I was there.

We have come a long way since that time. And every step of the way there has been a constant broadening of the concepts of rehabilitation. And I think it is a tribute to you that this has been true.

You know, we all noticed the theme of this conference--"Broadening Concepts of Rehabilitation." And I'm beginning to think that as long as we are in this program the concepts will continue to broaden.

I would like to present at this time, if I may, those State Directors or those Program Directors who have been designated as directors during the past year. As I call your name will you stand, please?

Colorado (Blind), Claude C. Tynar. Is Mr. Tynar here?
District of Columbia, Norman W. Pierson.
Guam, Tom G. Rathbone. Tom didn't get here.
Iowa (Blind), Kenneth Jernigan.
Maine (Blind), Paul E. Rourke.
Ohio (Blind), John Henle.

I believe Ohio is the only State that had two new directors.

Ohio (General), Edward J. Moriarty.
Oregon (Blind), Charles C. Brown.
Pennsylvania (General), Charles L. Eby. I haven't seen Charlie.

He hasn't arrived.

Rhode Island (Blind), Mrs. Eleanor M. Johnson.
Washington (Blind), Mrs. Iva Val Brakel. Is she here?

(No response.)

I think a number of State Directors are ill. Seid Hendrix, former President of the Council, and from my own Region, is in the hospital. Polk Jarrell from Georgia, who is a member of the Executive Committee, I believe is in the hospital or has been.

I don't know whether there are others or not.

But I would like for our secretary to prepare suitable wires to these that we know are ill and in the hospital letting them know that they are missed at this meeting.

All in favor of that say "aye," please.

(Chorus of "ayes.")

Thank you.

It is now my privilege to present the speaker of the morning. And I can't imagine Miss Switzer needing an introduction to this group, and I don't think she does. There are a few things I would like to say about her.

First I want to tell a story. They say back when Calvin Coolidge was Vice President and was presiding in the Senate one day, two senators got in an awfully hot fight. And after scrapping back and forth for some time, one of them lost his temper and said to the other one, "Sir, you can go to hell."

And the other one jumped up and ran to the Speaker's stand and said to the Speaker, "Mr. Speaker, did you hear what the gentleman said to me?"

And Calvin was sitting there with some papers in his hand, and he said, "Yes."

He said, "I checked the rules, and you don't have to go." (Laughter)

Last night, Dr. Rusk was talking about all of the thousands of disabled people in this country in back rooms, in nursing homes, and here and there, who are forgotten, who have not been accepted, who have been rejected, who have not received services. And I could not help but think that Mary has dedicated her life to the cause that that need not be true, that every handicapped person in this country should have their chance.

Her breadth of vision, her courage, her determination to carry out her objectives, her inspiration and her ability to work with all kinds of groups throughout the country have been an inspiration to all of us.

And, Mary, we just hope that you continue to lead us to greater heights of accomplishment in the future.

MISS SWITZER: Voyle, you are very dear and very loyal.

I always remember--well, I remember many things--but, one thing that I remember very often is a little scene in Miami when we were having--I don't remember now what the fight was all about--but it was a pretty hot one at the time, and I was sort of fumbling around not knowing exactly what to do and, I guess, being mad at the wrong people.

And Voyle took me out on the porch of the hotel, and he looked at me and he said, "Now, there's no sense in getting upset about that at all." He said, "That just isn't necessary." And he said, "After all, you know you're wrong, and you might as well make up your mind that the honeymoon can't last forever."

So I have often thought of that. He said a lot of other things too.

But if I have been able to do a tenth of what he suggests, it would only be because of the wisdom and understanding and guidance at the proper moment when a headstrong Irish gal sometimes likes to ignore obstacles, which aren't obstacles really but just the normal facts of life in a big country.

Voyle will always be something special for many reasons.

I thought this morning as I was looking at the morning news on television and saw Sir Winston Churchill coming down the steps of the plane yesterday when he came to Washington, what a wonderful thing it is really to see the spirit that people have.

Dr. Rusk mentioned it last night. But I heard when I was in England of how really seriously involved Sir Winston was when he had his stroke. And really to see him coming down the steps of the plane and struggling valiantly to put one foot in front of the other and keeping his hands free, it gave me a vision of what can be done for so many of our people.

I thought what a wonderful thing it is that we had a President in our own country who probably never would have been President if he hadn't had a disability.

And then to have the other leader, at a time when we needed him most, giving such a valiant example of what rehabilitation is. It's rather symbolic.

We think of people and we speak of people being underprivileged, and those who are the less fortunate, and we describe the people we serve sometimes in terms that indicate a sort of a class consciousness that I deplore. I think it's a rather sober reminder that the greatest people that we have ever known or seen, or ever will know or see, are also part of the world of people who are very apt to have need for all other things that we're struggling to provide for these we call the less fortunate group.

It is inspiring to think about Sir Winston moving around today in Washington, the recipient of the best that British rehabilitation could give him, and because of his own indominatable will, he is able to make a journey against the advice of his doctors and demonstrating to everyone his ability to speak and inspire us all with his voice and his words and the vision of what he is and what he was.

When you think about that, it sometimes is hard to get down to mundane things, but we have a lot to talk about, and I have a number of items that I would like to discuss with you.

There are people we miss, as our Chairman said, and also people present who make us glad we can be here. I look right in front of me in the middle of the group, and I see the three old stalwarts right there in the second row, Mr. Kratz, Mr. Cummings, and Mark Walter.

In case you don't know it, Mr. Cummings is on his way to Australia. He has become a great traveler. We hope that you will write as wonderful a travelogue as you wrote when you went to Europe, because we will all be looking forward to it, and I know that it will be something to remember.

We are very sorry not to have Seid and Polk Jarrell with us--particularly because of their illness.

When I was in New Orleans last week I talked with Seid over the phone. He sounded just the same as ever, but maybe he too is a victim of the times, and perhaps he too will learn from his experience in getting rehabilitation services.

He said he could hardly keep his hands off the records of the hospital, because they were dealing with him the way I am sure he deals with many a patient, and they were not telling him anything.

But now I understand he is getting along very well.

And Polk Jarrell likewise.

I know there are other people absent, but I had notes from two in particular expressing special concern because they were not able to be here, and we always miss them because they contribute so much. One, of course, is Mr. Harmon from Utah, and Pete Wood from North Carolina.

There are others, maybe they are not all absent. Maybe they are just late. We hope so.

I would like to talk first about where we are in our program and what we have to work with for the coming year and to express a great deal of satisfaction and pride in the fact that in this year, when we had such a terrific budget struggle here in Washington--as most of you, certainly many of you, have had in your States--that we won the battle of the budget early. Our Secretary, whom you will enjoy very much hearing and meeting this afternoon, made it possible for us to go to Congress with a substantial increase in each part of our program and to keep up the momentum which started in 1954, and which the Administration has consistently supported ever since.

We felt doubly satisfied this year because the demands were very great. The budget philosophy was one with which we could not quarrel as citizens and taxpayers. We felt that there was perhaps information strikingly brought at this time in history, more striking than ever before, a need for the whole country to recognize the problems that accompany inflation.

Whether or not you believe that a Federal balanced budget is a major contributing factor to the control of inflation, those who are charged with our economic policy do think so; and therefore it seemed a sensible point of view to start from.

It seemed to me that we all had to recognize that we were working in this framework, and throughout the country State legislatures are working in this framework.

Now, naturally, we feel that our program is a contributing factor to a balanced budget in all of the ways that we dramatically state--in its reduction of dependency, in its contribution to the whole economic fabric of our community.

So we had, perhaps, a greater argument than some programs for continued support.

But even at that, it was still more money, and we had to do a selling job with the people responsible for national policy.

I think that one reason we were able to win was, first of all, our requested increases were relatively modest and were realistic, and, second, that the Secretary's philosphy was from the very beginning that in this Department we had to show progress and recognition of our human resources and the need to conserve them and increase them, and that we could, without going too far down the road of increases, balance our budget against the national policy and show progress in certain ways and hold the line in all ways.

And this is about the way it came out. So we went to the Congress, as you have been advised--but I will repeat it because it bears repeating and it is worth remembering--with an increase in every one of our appropriations. In our Section 2 appropriation we are going to have, I feel certain, an appropriation next year of $50,400,000, with an allotment base which is an increase over last year from $56 million to $59 million. That is, we think, about as close as we could come to estimating the amount of State funds available under a consistently forward-moving allotment base.

We think there will be a number of States next year, in spite of the stringent State financial situation, which will have State money over and above the need for Federal matching, and based on the estimates we have had for 1961 this will be an even greater number.

This, of course, is the trend we would like to see for the long future--that as soon as we can, we reach the point where our program is supported to the extent necessary to provide the service.

But it is gratifying to have this subatantial increase for next year.

I am always hoping that we will get an increase in extension and improvement grants, because I feel we have done a tremendous lot with them, some States more than others. And although it is only a million and a half dollars, it has resulted in people being able to do a lot of things that they wouldn't otherwise be able to do.

For the first time we have taken the research and demonstration appropriation out of the Grants to States, which makes it a little easier to follow, and we will have for research and training $6.3 million, which is an increase of $1.7 million.

For training and traineeships--$6.2 million, which is an increase of well over a million.

So altogether, then, with Salaries and Expenses, $66,138,000. That compares with a Federal appropriation in 1954 of $23 million and a few hundred thousand.

So really, when we stop to think how fast we have progressed and how far we have come, I think it is a little frightening. We wonder how we were good enough to make this much progress.

As I said to Senator Hill yesterday, one of the things that pleases me most is the fact that this was in the President's budget. It was reported favorably by the House Committee under Mr. Fogarty's leadership; it was passed by the House, and we come to the Senate with a consistent and well-supported program. And while I am glad for the dollars I think I feel even a greater pride and satisfaction that the confidence which was expressed in the unanimous Congressional action on Public Law 565 has been consistently sustained. I can only interpret this as a vote of confidence in the people who administer this money. This is a vote of confidence in our State rehabilitation agencies and in the many community groups who work with us in delivering services to disabled people.

It is a challenge to all of us to meet our goals as nearly as we possibly can.

We have a goal for this year of over 80,000 finished rehabilitations. I told Senator Hill that I felt sure we could come pretty close to meeting that goal this year, and if we did there would be little danger of our not meeting the goal for 1960, which is 90,000 finished rehabilitations according to our present methods of recording.

Now, we all know that is only one reflection of what service is rendered, but it is an important one and it is a simple one for people to get hold of and remember.

I think that Senator Hill, who is perhaps one of our most enthusiastic and articulate supporters, continues to take pride in his part in helping us to reach this goal.

It has been tremendously exhilarating to watch the progress, and we are looking forward to the next couple of months to get the final returns on this year.

When I took a look at the R-9 seriously the other day, I wondered that we ever got anything reported back. I do not think I would be good enough to fill out those forms accurately.

I think our people deserve a tremendous amount of credit for the care and patience they have exercised in reporting their cases and in giving us the basic material that we have been able to use so effectively within the Department, within the Executive Branch, and within the Congress.

I hope in the next year we can ease the requirements of reporting a little.

I guess it has been since the last Council meeting that we have made the test check, as we called it, on the R-9.

I remember making the test check myself when I was in Hawaii last year and being very thrilled at the way in which records are kept to substantiate all of the things that we put on our pieces of paper that form the basis for our statistics.

So we do have a challenge--no question about it--to meet our goals, to keep up the ratio of money spent with services rendered. And this is another reason why the importance of checking inflation affects all of us.

We do, I think, have a sense of responsibility in dealing with our own program to recognize what other people think are important elements in this total economic fabric. And we do have responsibility to weigh our own demands against the broad demands of the community as a whole. I feel quite willing to recognize that a few million dollars more or less sometimes can affect in geometric terms what you pay for things and the services that you are able to deliver.

Now this year I can say this with a great sense of security because I have not had to rationalize any substantial reductions. I recognize that this is an easy story to tell, in our position, but all of you are not in this position, and I know that many of you have struggles still ahead to maintain the momentum of the program that you have so wisely and effectively designed.

I want you to know that we are deeply concerned to be of all the help we can, in understanding what the problems are, and we want you to know that while we agitate and press and perhaps seem unreasonable sometimes, it is not without that understanding underneath which, when the chips are down, I think you will appreciate.

Now just a word about a few of the interesting things that have gone on in the past year that have an affect on our program and some of the things that we have planned ahead.

This Council meeting was deliberately designed to try to bring to you some of the benefits and results and information that are being developed all over the country through our research and demonstration programs.

We did this for a number of reasons. First of all, because of the projects themselves and the lessons that they have to teach us, and because these three projects are quite illustrative of the broad-gauge pattern of rehabilitation these days, and of the necessity for recognizing that the boundaries are becoming wider and wider and the definite limits less easy to define.

And then because I think that we are only now beginning to realize the influence of our projects, in research and demonstration and training, on our public program as a whole. We are looking to our project collaborators to be ever more sensitive to the way in which the findings and service developed in the projects can be translated quickly to improve and increase the potentialities of the Federal-State program as we administer it.

We are preoccupied, too, with the administration of a day-to-day operating program, and we seldom have the time for contemplation and for dreaming and designing that is possible in another atmosphere.

Therefore, we welcome the opportunity to put some of our problems and our dreams and aspirations into the thinking of our great centers of learning and research. That is another reason why we asked the particular people that we did today, because in each one of these projects in a very special way you have the indispensable ingredient of progress everywhere, of creative intelligence and imagination that knows no limitations and a dedication to the finding of truth and the application of the findings to serve people.

I think once in a while it is well to take a look back in perspective and see what we have been able to accomplish in the way of new associations and new inspiration, because of the design of our new law and the people we have come to count on more and more, in the present scene and in the days ahead, to enrich and inspire every one of the workers in our Federal-State program.

As I move around the country, I am more and more impressed at gatherings by the real comradeship that has been developed between the workers in all areas. I think it was very graphically illustrated last week in New Orleans where we had, as you might expect, a very colorful and delightful meeting with all of the pleasant things that you associate with New Orleans.

But I was impressed most of all with the group of people gathered together from all of the States in that region--and particularly from New Orleans and Louisiana, the different kinds of people from all over the professional spectrum.

As you all know, if I come back without having a project in my pocket, everybody would think I was losing my grip.

So we met some very fascinating people who themselves were hardly aware of what they could contribute to our program if encouragement and collaborative effort were increased.

In addition to charming hospitality in an atmosphere that is incomparable, we also enjoyed the thrill of treading a little new ground. This happens everywhere you go these days.

Now, when you go to a regional or State NRA meeting, you get an opportunity to meet the people who are really doing the work, and the counselors who have dreams too, and would like to see certain things done.

Then it is possible to bring together this group of workers with the dreamers and the experts and the university people and the people from agencies that hardly knew a couple of years ago that there was a program of rehabilitation.

Then you begin to get the sparks flying and things begin to happen.

So, more and more, we think ourselves as the central pillar in the arch, if you will, in the rehabilitation services of the present and the future. We reach out our arms to enfold all comers who have something to contribute to this cause.

Now, I would like to illustrate--by an account of one meeting we had here back in November--how true this is.

Our Secretary, as you will observe this afternoon--and as those of you who have met and talked with him before have already observed--is a very outgoing person, and because of his own life and his religious dedication and his philosophy of life he naturally expects government to recognize on an equal basis non-governmental forces, particularly in the areas that encompass this Department's responsibilities.

And he decided early that he wanted to meet with all the groups that have an interest in the programs of this Department and to do it program by program.

So he met on November 3rd, in the first of a series of meetings, with representatives of all of the organizations that we have had relationships with over the years. This had to be selective, but it was a fairly large group. It was well over a hundred.

At that meeting there were representatives of 92 different organizations.

What was interesting and significant about the meeting, in addition to the fact that it was held at all, was the wide range of distribution, from the voluntary organization to the very most technical kind of medical groups like the Academy of Orthopedics and the ophthalmologists and so on.

At that meeting Mr. Scurlock represented the Council, and I think he will agree that it was a rare experience to sit and listen.

Of course, the Secretary and I thought it was quite remarkable that we two people, who love to talk so much, could sit practically all day and say nothing. That in itself was something to remember.

But people talked to each other, and people who expressed their concerns about what should be done in rehabilitation and how to do it and what the Department's responsibilities ought to be, were able for the first time, in such a large and comprehensive group, to have the sense of the universality of our program.

Out of that has grown many new and revived associations with groups that we have had some tenuous relationships with over the years, and a consciousness of the Department's commitment to work with them.

As a sort of sub-meeting, the Secretary invited the representatives of the religious groups that are organized and responsible in their religious setting in the field covered by this Department. We had an all-day meeting with representatives of the Federal Council of the Jewish Rabbis, and Welfare Board, and the various Catholic groups, and we had perhaps 25 or 30 all together, and spent the day discussing the significance of the programs of this Department to this group of citizens in their religious setting.

Now, everybody is interested in the services that can be delivered, but all too frequently, I think, we forget the tremendous role that pastors of all denominations can play in thinking particularly about our program, of all programs, in their responsibilities as religious and parish leaders.

We brought this out several years ago at the Methodist Training Institute in Nashville, and in Puerto Rico shortly after that with the Institute that was held at the University of Puerto Rico at Ponce.

It seems to me that this is an area that we have not exploited as much as we might.

So, anyway, we have been encouraging and enlarging the scope of our cooperative effort, and this will bring forth, I feel sure, new projects and new emphases--and most important of all, new understanding and support on the part of our citizens everywhere.

We have scheduled very soon now joint meetings of our projects in separate fields, various fields, and these too will have interesting ramifications.

For the first time, I think, in the history of the program, we have joint sponsorship of a conference in the field of hearing loss with the Public Health Service's Division of Special Health Services.

Now, we have had collaborative efforts with the Institute of Mental Health, but this is the first time, and this is at their request, that the Public Health Service has joined with us in their role as public health administrators and in the public health setting in a program to discuss and develop better ways of compensating for hearing loss.

This is a meeting that will be held in a week or ten days and it bids fair to be a landmark in the possibilities for the improvement of our rehabilitation of the hearing loss group and perhaps will also stimulate the preventive work that can be done best probably through the public health programs of the country.

We have, by collaborating in this field, gotten acquainted with people we did not work with before, and as time goes on this will pay big dividends for our program.

Also, the National Institute of Mental Health and our Office are joining in a meeting in New York on all the projects that we have in the field of rehabilitation of the mentally ill, and the projects that the Mental Health Institute is financing in this related field of service to State hospital patients.

This is a very important meeting and will, of course, develop better understanding on the part of all who participate in it of the potentialities, the possibilities and limitations in rehabilitation of the mentally ill.

I think one of the most thrilling developments we have had in our program in the last four or five years has been the increasing emphasis on the rehabilitation of the mentally ill patient, the collaborative efforts that have taken place with the State hospital authorities and the superintendents of State hospitals and our own rehabilitation people.

I think a great deal of credit goes to those stalwart pioneers before we had Public Law 565, when Miss Johnesse and some of the others importuned a few of you State Directors to try out something, when we had no special projects and no special money to devote to this.

But a groundwork was laid at those meetings which has speeded up the possibilities by two or three or four years.

We often remember what has been accomplished because of the effort of people with little vision in those days gone by.

The next one of the joint meetings we will hold, I hope, will be in the field of mental retardation. We have stirred up a great deal of activity in this field. We have a great deal of work going on. We would not want to confuse activity with accomplishment. They are not the same thing. And we have now, I think, a sufficiently large number of different kinds of projects in this area, with different kinds of groups involved in them, that we need to consolidate our gains, see where we are, and take a look at the whole field so that perhaps early next year, as soon as we can work it out, we will design this kind of an institute.

So, in our whole program, we always have more things to do than we have time to accomplish them. And I have only just barely touched on the highlights of where we have been this year and where we are going.

We just finished our Spring meeting of the National Advisory Council, and we are always thrilled when we can see in very specific terms the result of a project that we have looked at on paper, struggled to get properly designed, and then wondered what end result we might see. And we did have that thrill on last Thursday.

Many of you have heard of the prosthetics research work on the Heidelberg arm, which was developed in Germany after the war. It involves a valve which releases carbondioxide gas and this energy is used to power the artificial arm. In the early stages, the general consensus was that this was a revolutionary idea but that the prosthetic device was not manageable in American terms for many reasons but could be accommodated to our needs.

So our Council approved a grant about a year ago to the Institute for the Crippled and Disabled, and to Dr. Kessler's group jointly, to experiment with this further.

The other day they brought down the results of their year of work. An engineer and a medical and prosthetic expert, working together, had a boy who was a congenital quadruple amputee, with the same sort of congenital leg amputation that Henry Viscardi has, and the same kind of prosthetic compensation, but with no arms at all. He was a perfectly darling young boy from Pennsylvania who has a personality that would conquer anything.

He seemed to be about as well adjusted as any human being could be. They had on him an experimental device, a sort of a jacket-like holder for the arms, which was still in its developmental stages, and he could do the most phenomenal things with it. Even Bob Jones was impressed.

He could take a 50-cent piece and move it from one finger to another, which is about the hardest thing to do, I understand, with arm prostheses anyway.

When we saw that, we saw what looked like another miracle.

Perhaps the number of people that need this is not as large as the numbers of people who need other things. But to effectively serve the most difficult is the measure of our sophistication and dedication to the whole total field of rehabilitation.

This is an example of what we can do if we set our minds to it and let imaginative, skillful, dedicated people go to work on a problem.

So we will be going along through the next year together, with our two territories now converted into States, and we will expect the impossible from both Alaska and Hawaii and share in the pride that they have of having risen from the territorial status to statehood.

I feel that great identification with Hawaii's victory, because I was there last year when the Alaska victory was won and when the forces were newly inspired to go forward. Then I think we did not feel that it would come so soon. But here it is, and we certainly are happy about it.

Now, as we go ahead in our day's deliberations, I know that you will think of many things that you will want to ask, and we will have a chance to discuss them together.

I look forward myself eagerly to the project presentations in the belief that we will learn and be inspired by what we are seeing, and I feel that this Council meeting is one of the most significant that we have ever had.

There are other things that are going to give us a lot of inspiration next year. The International Congress for the Welfare of Cripples is being held for the first time in the United States next summer. It will come at a time when we will perhaps just be ready to go into our own International Health for Peace Bill.

I think, in closing, I would just like to remind you that we have not finished our job here in any way, and yet in the next year we will be called upon to stretch our services, our minds and our talents to add to our responsibilities the development of an international research program in rehabilitation, for the vocational rehabilitation program has been dealt with very overtly in Senator Hill's Health for Peace Bill, and all of the sponsors expect rehabilitation to play an important role internationally in the development of this program.

So we can feel that we are in the foreground of human progress, and when we are tired and baffled and frustrated by the bureaucratic problems and responsibilities that we as a group of administrators in this program have to bear, we can remember what has happened since 1920 in rehabilitation and all of the people who have contributed to it--some of them during a period when it never seemed possible that we could look ahead as we can today.

This is one reason why I am glad Mr. Kratz and Mr. Cummings can keep joining us to remind us that there were people back then who had a vision, who stayed with their responsibilities, and who kept other people informed and inspired too, because if it had not been for the friendship of many of us with that small group we would not be where we are today.

As we go forward ten years from now, somebody will be saying about many of you what I say and feel so deeply about them.

So have a good day, as the commentators say. (Hearty applause.)

MR. SCURLOCK: The gentleman who is to make the next presentation has asked that certain material be distributed in advance. I wonder if we could have about two people who would help distribute this, please.

All right, if we can get settled down now, we will get under way.

I'm going to ask Mr. Baxt and the two discussion leaders, Ray Power and Freddy Wise, if they will come up here to this table.

We have two or three people sitting in with us this morning that I'd like to recognize.

E. B. Whitten, with NRA. E. B., will you stand, please, or hold up your hand or something? (Applause)

I see in the back Paul Albright, former Director out in Wyoming. (Applause)

I saw Bill McCahill who is with the President's Committee. Is he still here? (Applause)

Miss Switzer mentioned in her remarks something about the program that has been planned. Our Executive Committee met down here in January, and with the very fine help of members of Miss Switzer's staff we prepared this program which we believe you will enjoy very much indeed.

I was privileged to have been a member of the National Advisory Council when this program of research and demonstration was started. I made the remark yesterday in one of the committees I was attending that I don't think that we've done anything in all the years that has done more to interest more groups in rehabilitation and make them rehabilitation-minded than this program. It has made some of us Directors run just as hard as we can just to keep abreast of what is going on.

Sometimes we wake up and discover some things going on in our own States that we didn't know were going on.

But, nevertheless, it's been wonderful to see the interest on the part of these people, and, as they are encouraged to make the contribution that very often they don't know that they even can make to a group such as this, it's terrific what comes out.

This first project this morning is a very interesting project. I am going to present the Director, and the two discussion leaders will simply follow; first Mr. Power and second Mr. Wise.

This project is a rehabilitation workshop for the disabled person over sixty, and the project director is Roland Baxt.

Mr. Baxt was born in New York City. He did his undergraduate work in Brooklyn College, his graduate work at Columbia. His major is in psychology.

He has served as Secretary of the Campaign-Cabinet Federation of Jewish Philanthropies. He served as a Retraining Counselor for the National Refugee Service.

He was Director of the Adult Guidance Service for ten years.

He is Executive Director of the Federation Employment and Guidance Service.

I'm happy to present him to you at this time.

Mr. Baxt.

MR. BAXT: Mr. Chairman, Miss Switzer, My Very Worthy Discussants, and Distinguished Colleagues:

I hope you have had a chance to take a look at the "Facts in Brief" for I have eliminated all statistical data in my presentation hoping that you would have a chance to take a look at that before I made my presentation.

Since the passage of Public Law 565, only five years ago, rehabilitation has entered a new phase of development that promises to reconstruct many of our old ideas. Encouraged by OVR financial support and in many instances leadership, and the cooperation of State DVR offices, agency after agency has pushed into previously forbidden areas. One by one, disabilities once considered to have little hope for rehabilitation, have yielded reluctantly to research and demonstration investigations which have progressively peeled away the layers of doubt and hopelessness.

Thus, such disabilities as cerebral palsy with multiple involvements, Parkinson's disease, deaf-blindness, paraplegia, and epilepsy have been tested in the matrix of actual rehabilitation practice. All have been found to show some promise for ultimate rehabilitation. All have demonstrated that the outer edges of rehabilitation have just been touched and not fully explored. Immediately ahead of us lies unexplored territory. Only now, we are beginning to enter the "no man's" land leading to the solution of complex rehabilitation problems.

For example, the combined challenge of severe disabilities and advancing age is only now beginning to be met. Studies at the Federation Employment and Guidance Service and other agencies have repeatedly revealed that age itself constitutes a major barrier to employment in our culture. When a man or woman reaches 60, job opportunities are few and far between. However, if the person is also severely disabled, these opportunities shrink still further. Some recognition of this situation has been made in the disability provisions of OASI. Yet, the writers of this legislation had the vision to recognize the employment potentialities of the older disabled worker. Provisions were included for rehabilitation screening and possible rehabilitation service. Up to this point, the OASI population has presented real difficulties to State and local agencies. Among the barriers to employment have been:

1. Employer reluctance to accept the older disabled worker.

2. Public apathy toward opening up opportunities for the group.

3. Lack of enthusiasm on the part of professional workers, agencies, and social planners for devoting the time, special effort, and funds needed for vocational services for older disabled workers.

4. Lack of readiness of many disabled workers for employment.

In undertaking a program for the vocational rehabilitation of the older disabled worker in cooperation with OVR and the New York State Division of Vocational Rehabilitation, Federation Employment and Guidance Service was aware of the fact that this population was one of the hard-

to-rehabilitate groups. We also were aware that the four barriers which I mentioned had to be attacked simultaneously. A program for the older disabled worker would have to increase client readiness for employment, train professional workers to see and work with the potentialities of the group, reduce public apathy, and increase employer acceptance of these clients. In essence, the program had to be a four-pronged attack on the factors which are blocking successful rehabilitation of those who were severely disabled and sixty years of age and over.

This paper will briefly report on the first fragmentary results of the FEGS project. Even though our findings are partial, they may help point the way for other agencies to help in the process of pushing back the curtain of idleness for older persons with disabilities.

A copy of "Facts in Brief" and the design of our program are now in your possession. These facts constitute only a small part of the product of our experience. Perhaps far more important than the facts themselves are the ideas and hypotheses that emerge from them. In this talk, I want to share with you some of the penetrating concepts that have grown out of the FEGS project.

What about the characteristics of older disabled workers?

At best, our project has served a small select group of persons in a particular age group. We have no way of knowing whether they represent older workers in general or even older DVR clients. However, we do know that we have been working with a population which is extremely challenging. Beyond the enervating personal and social effects of advancing age and disability, this group has other distinguishing marks:

They have a multitude of personal adjustment, and economic problems.

Numerous attempts have been made to assist them. Many of our clients have been served by other programs with modest success.

Not infrequently, they are referred to FEGS as a last resort.

In many cases, our clients have unreal aspirations, distorted self-concepts, and a profound lack of confidence reinforced by rejection in the labor market.

Many perceive work as an essential life activity. They are unwilling to withdraw from the labor market for fear of increasing their dependence and losing their self-respect.

Whether or not our clients are representative of older disabled workers in general, this much is clear: They have incredibly complex problems; most want vocational rehabilitation; and they respond to professional service positively and dynamically.

Service to the older disabled worker is based upon commonly accepted sound principles of vocational rehabilitation.

There is comparatively little which is new or unique to the vocational rehabilitation of older disabled workers. The ingredients of good rehabilitation for all clients apply to our special group. They need a sound medical and vocational diagnosis, professional counseling, adequate pre-vocational and vocational training, physical restoration, and an opportunity to enter remunerative employment. An agency undertaking service to the older disabled worker need not be concerned with extensive modifications in program and approach.

Within the general structure of rehabilitation, some modifications have to be made for the older disabled worker.

There are some differences between a general rehabilitation population and a population of older disabled workers. Some of these differences are just beginning to be understood in our project.

What are some of them?

a. The older disabled worker enters the rehabilitation process in the twilight of his years. His objectives are quite immediate. Long-range planning is inappropriate for him. He cannot tolerate or use extensive training programs or long waiting periods. His greatest enemy is time.

b. The older disabled worker, regardless of his disability, has suffered generalized tissue change involving speed of response, manual dexterity, strength, stamina, and physical qualities valued by industry. Ordinarily, the area of his vocational functioning is narrower than it was ten years ago. By and large, he is limited to jobs that do not demand speed, strength, and physical exertion. Yet, the low-skilled jobs which are most often available in the community tend to demand just those characteristics.

c. The older disabled worker has been unemployed for varying periods of time. During these layoff periods, there have possibly been changes in his physical status and deterioration of skills. Protracted unemployment may have shaken his faith in himself, giving rise to doubts as to whether he will ever be able to work again. Some older disabled workers fail to recognize or accept these changes, tending to perceive themselves as they used to be. Others distort their self-picture in the opposite direction, exaggerating small changes into major limitations. In any event, many older disabled workers need a reality-testing experience. They need a chance to try themselves out against external tasks and criteria; to find the reality limits of their capacities.

These brief remarks about the nature of the older persons whom FEGS has been serving suggest the rationale for the type of program which we have developed. This program has the following features:

1. IT IS A VOCATIONAL PROGRAM.

The problems of older disabled workers are so complex that the tendency is for the professional worker to focus on the losses and the incapacities. By leaving the so-called non-vocational problems to other

specialized sources, we are free to concentrate on one area--that of vocational adjustment. Our emphasis is founded in the belief that older disabled persons have good rehabilitation potential, as a group, and, in many cases, are placeable in industry after suitable training.

2. JOB PLACEMENT IS THE FOCUS.

Our diagnostic activity is directed toward employment. As an individual passes through the various rehabilitation stages of the FEGS process, the questions at each evaluation are: "Is he placeable?" and "Can he be made more placeable?" Where placement turns out to be an unreal goal, counseling helps the individual to find services in the community that are keyed to other goals.

3. A WORKSHOP IS A BASIC TOOL IN THE PROJECT.

A small minority of older disabled workers have been diagnosed through interviews, psychological tests, and case records alone. However, our experience has been that these data are confirmed, strengthened, and expanded by a workshop evaluation period. The types of data derived from a workshop evaluation have a relevance and an immediacy that link them directly to the placement problem which is our area of emphasis. Our observations of the older disabled person cast a revealing light on his learning ability, productivity, motivation, relations with others, response to authority, work tolerance, goals, use of supervision, and all the other work elements which suggest his ultimate vocational adjustment.

The workshop has the additional value of immediately introducing the older disabled worker into the role of the employee. He begins to function right from the start in a realistic work environment, earning according to his ability, having reasonable work standards set for him, and having a chance to join a cooperative work group which provides a sense of acceptance and respect for his contribution. As he completes his evaluation period, he may move into Personal Adjustment Training during which his work attitudes, habits, and skills are sharpened in preparation for employment. A number of our clients have achieved a satisfactory vocational status without the benefits of the workshop experience, but it has become increasingly clear to us that the workshop constitutes an important aspect of the FEGS rehabilitation process.

4. PLACEMENT PAYS OFF.

We at FEGS have often deplored the movement away from the placement phases of the vocational rehabilitation process. We have been gratified by the development of rehabilitation centers, psychological and social approaches to the problems of disability, pre-vocational training, and various other mechanisms designed to better prepare the disabled client for vocational adjustment. Yet, all of these improvements may enrich the rehabilitation process without necessarily insuring placement.

Our experience has been that with older disabled persons constituting an especially hard-to-place group, placement cannot be taken for granted. FEGS from its inception has been a placement-oriented agency. This

orientation pervades the current project. All our placement resources are put at the disposal of the older disabled client. Although these resources are exceptionally rich, we have not let matters take their own course by only relying upon our usual placement facilities.

What have been the results to date of this demonstration effort directed toward the vocational rehabilitation of the older disabled worker?

1. Despite the fact that many of our clients over the age of 60 were very disabled and had complicated personal, social, and psychological problems, about half of them were diagnosed as placeable in competitive industry.

2. Once an individual had been diagnosed as placeable, the FEGS staff cooperating with the other agencies in the community as well as the client's own efforts at placement, was able to achieve placement in 75 per cent of the cases. Not all of these placements were long-term or successful. However, many filled the client's needs and were stable enough to constitute grounds for case closure as "rehabilitated" by counselors in the State Rehabilitation Agency.

3. Despite employer resistance, job openings may be found for older disabled workers. In terms of direct client service, this project was launched in April 1958, while New York City was still in the recession of that year. Even during such a period, a comparatively good degree of success may be achieved in placement. This is particularly true if adequate placement assistance is offered.

4. Most of the older disabled clients entering our project have lost their salable skills and the physical attributes for which employers hired them in the past. Preparation of these clients consisted of conserving old work habits and skills and inculcating new ones. In a majority of instances, the jobs they took were on the service and low-skilled manual levels. On these levels, they were able to maintain themselves in many cases, and to look forward to a number of fruitful years of vocational activity.

5. Community Relations.

This program owes some of its success to the cooperative relations developed by FEGS within the community. The agency, at the start of the project, had already a strong position in the community perceptions of its function and value. Furthermore, it had done research and had been successful in placement programs for older workers in general. One of the first steps in establishing the new project was to mobilize community support. The first source of such support was the New York State Division of Vocational Rehabilitation which has been exceptionally cooperative in the project through the following means:

a. Consultation help in setting up and maintaining the project.

b. Making suitable referrals to the project.

c. Informing counselors about the nature of the project.

d. Developing machinery for DVR participation in the project, in terms of referral procedures, counselor supervision of clients, case conferences, and reports and records.

e. Participating in evaluations of the project.

In addition to these major contributions by the Division of Vocational Rehabilitation, other community agencies have participated in the FEGS project. Among these activities have been:

a. One hundred and sixty-three persons from 40 different agencies have visited the FEGS project.

b. The community and its agencies have become interested in the project and have made referrals to it.

c. Plans are underway for expanding community contacts and participation in the project.

What can a State Rehabilitation Agency do to improve the effectiveness of its vocational rehabilitation service to older disabled workers?

It would be quite presumptuous of us in the local and private agency field to suggest to the experienced administrators and other personnel of State Rehabilitation Agencies a series of steps which would improve this service as we see it. We are, however, equipped to suggest some directions in which State Rehabilitation Agencies may want to move:

1. Agencies need to "firm up" their faith in the "rehabilitation potential" of older disabled workers. For many of us, the task of working with this group seems hopeless, or at least unpromising. If the FEGS project does nothing else but imply that a reassessment of our attitudes is in order, it will have achieved an important goal.

2. Agencies need to encourage older disabled workers to seek rehabilitation service. Currently, case-finding for this group is limited in most areas. When one considers the high incidence of physical disability in persons 60 years of age and older, the level of unemployment in this group, and the need for service, one is impressed with the fact that a relatively small proportion of persons in this category seek aid from a vocational rehabilitation agency.

3. In screening OASI disability cases, it might be wise experimentally to establish an on-the-job evaluation program. Relying upon interview judgments, medical and social reports, and client statements alone may conceal important data about the client.

4. There is a need for communities to provide "terminal" workshop opportunities under qualified vocational service auspices for those older workers for whom jobs in competitive industry may not be suitable.

And, ladies and gentlemen, in my paper here I have underlined "qualified vocational service auspices."

5. Using the FEGS project as a prototype, State agencies may wish to encourage local qualified vocational agencies to develop projects for the rehabilitation of the older disabled worker. Such local projects will assist the States to cope more effectively with the problems of this group. Wherever possible, we at FEGS will be delighted to assist other agencies to provide this type of service.

What about the future of the FEGS project?

At the very start of our project, only a year and a half ago, we were fully conscious of the role that research might play in the total service. As a result, research has been made a constituent part of our operations. It is already beginning to pay dividends. Even in this brief period of time, data and ideas are being brought forth which hold promise for the future.

It seems clear to us, at this point, that we have only scratched the surface. Our need is for more time to study this population, to follow them up into industry, and to provide long-term research opportunities to learn more about the older disabled worker. As a result, the future of the FEGS project seems to lie in our projected request for an extension of this project from three years to five years. In this way, we hope to come before you in the next two or three years and indicate results which are more stable and permanent than what we have done today. Whatever happens, we feel confident that what has been started at FEGS with the older disabled worker will spread throughout the country and will eventually result in real benefit to older disabled workers and to communities everywhere.

In closing, may I also say that among the many contributions which are being made by demonstration and research programs in cooperation with OVR and DVR is that of public and voluntary facilities working together in the interest of the people of our nation.

Thank you. (Applause)

MR. POWER: Mr. Chairman, Ladies and Gentlemen, first I want to commend Mr. Baxt for presenting to us a very excellent paper. I have had the opportunity to read the progress report and the "Facts in Brief," and if you have read these documents I'm sure that you agree with me that this was a very carefully planned project and has been executed very skillfully up to this point. I am very much impressed with it.

I think that I might start off my discussion by pointing out some things that I think are significant and then make some comments.

I understood from the program that Mr. Wise would be the first to discuss this paper, and knowing his ability and versatility, I did not expect him to leave me very much to say. So I'm a little bit in a quandary at this point because I am without the benefit of his enlightening comments.

I think it's quite significant that this project does emphasize the importance of expanding vocational rehabilitation services to the older disabled workers.

Also that one-half of the clients over age 60 who were diagnosed are placeable.

Also that of the ones that are placeable, 75 per cent are being placed.

You will observe that the focus of this project is on job placement, that the older people over 60 have complex problems. They want vocational rehabilitation, and they respond to professional services positively and dynamically.

It has been estimated that there are more than 28 million persons in America who are suffering from chronic illness. Staggering as this is, we can expect it to increase in the future, for as our population continues to grow older, the incidence of chronic illness and its resultant physical disability will continue to increase correspondingly.

Statistics of the aging population and related problems are common talk among all persons who have knowledge or concern about people in their middle and later years.

While there is little question about trends and problems in relation to the aging, there is much hesitancy and uncertainty as to what to do about them. In whatever enlightened wisdom we have attained, we have emerged from acceptance of a rocking chair and three square meals a day to the realization that this is not what we are seeking.

While it might salve our conscience that aged persons are provided decent care, we know that human beings just aren't built that way.

The Federation Employment and Guidance Service project is of major importance in the expanding field of vocational rehabilitation. If developments in the project thus far are portents of things to come, we can look ahead with enthusiasm and optimism.

Mr. Baxt and his staff deserve commendation for their work in the rehabilitation of older persons.

Work with older persons has frequently been hampered by traditional attitudes about the aged and the belief that services to other groups are more urgent.

In vocational rehabilitation programs, we have usually assigned higher priorities to younger persons and those with the greatest potential number of productive years. As long as we cling to such criteria, we will never make significant strides in rehabilitation of older persons. It is only when we accept responsibility for rehabilitation services to all disabled persons, irrespective of age and the extent of disability, that we will recognize and work with the rehabilitation potential in older persons.

We must face up to the fact that services to this group are not an appendage to the regular program whenever there is extra time and money. It is only when they are an integral part of the total program that such services take on real meaning and importance.

Special programs for older disabled workers have value from the standpoint of program emphasis and research. In other cases they may be detrimental as they tend to emphasize differences which may not exist.

There are some essential differences between general population and the population of older disabled persons. I feel these differences should be emphasized only for program emphasis and research. Otherwise the age and severity of disability should not result in special groups or deter services.

I think we all are aware that it's very easy to categorize groups and to assume that certain characteristics are common to all groups--or to all persons of a particular group--and therefore the group has to be handled separately and distinctly. This can result in giving low priority which would not happen if this was not done.

Setting up a separate program is one way of getting special emphasis on the group. It also may result in deterring services to that group, especially if services are deferred until the special program is set up.

Within the true meaning of rehabilitation, we help the disabled person develop and use his maximum capacities. In vocational rehabilitation this means maximum capacities in relation to employment. Employment in a sheltered workshop is just as important for one person as full employment in industry is to another.

In short, the full scope of vocational rehabilitation services should be available to any disabled person who can use them in relation to employment.

The Federation Employment and Guidance Service project has placed greater emphasis on placement and has not yet included training in the area of activity. While there are undoubtedly logical reasons for this plan, no phase of rehabilitation service should automatically be ruled out.

Now, I think we have all come around to the belief that we can learn at any age, and just because we have stepped over the threshold of 60, it seems to me that doesn't mean that we can forget about training altogether.

Some of us wouldn't be here today for this meeting if we didn't believe that we could still learn. And there are a few people here who are 60 or past.

It is noted that there is a high percentage of cases referred with cardiac, cardiovascular, and orthopedic disabilities, and that there is only a small proportion of women. Is there any significance in this? To what extent are referrals affected by the client's concept of who can receive services?

We noted that 80 per cent of the clients had cardiac and cardiovascular problems and 82 per cent in the group were male. This may have significance and should be explored.

We like the attention which is being given in the project to personal adjustment training. This is an area in which we need much study and activity in relation to vocational rehabilitation.

In the focus on placement of the older disabled person, there is some distinction made between placement by the agency and placement obtained by the client himself. This touches on a fine point--the responsibility of the agency to provide services which will enable the client to successfully obtain appropriate employment.

This means a meaningful step taken by the client growing out of agency services.

I am inclined to think that this strong emphasis on placement, even though these people's days are growing fewer and shorter, might be frustrating.

Mr. Baxt appears to play down other services in relation to the importance of placement. He seems to negate the rehabilitation center's psychological and social approaches to disability, pre-vocational training, and so forth.

I believe that placement is of major importance but not necessarily more important than other aspects of vocational rehabilitation.

We can't always assume that placement takes care of itself. But older people tend to be cautious, and they are not willing to go into something just because it is a job and the dollar is there. Perhaps we should not make a general assumption, but probably they're not as much interested in the dollar as they are in a way of life.

If this is true, then I think we must not forget about these other adjustments and not focus too much attention on the matter of placement.

Mr. Baxt referred to four barriers to employment of older disabled workers and has pointed out the need for a simultaneous attack on all of them. Progress or regression in relation to any of them tends to make chain reactions. Advances in dealing with one barrier should result in advances in meeting others.

The use of the workshop as a basic tool in the project should enrich the entire program. This is a realistic base for evaluation in many areas.

Much skill is needed in this phase of the program since a broad evaluation is sought from a small base of operation.

Involvement of other segments of the community is of crucial importance. We have learned in vocational rehabilitation programs that we cannot and should not go it alone. The most successful programs grow out of total community concern and interest. The project has involved the community and its work with disabled persons.

I also note that it has involved the State vocational rehabilitation agencies and that there has been very fine cooperation.

I think right at this point that I might suggest that it has been established very well that this is a good field for projects, and it is something that many State Directors might give attention to with the idea of establishing projects in this area.

This project will have great value in its measurable results of service and research. It will have far greater implications, however, as the potentialities of rehabilitation of older disabled persons are seen. As other agencies, communities and individuals move into this area, the contagion will spread.

As this happens, we will be much closer to our goal of rehabilitation services for all disabled persons.

When we put aside age and severity of disability as deterrents to our services, we can move with confidence into the broader fields of comprehensive services to all handicapped persons. (Applause)

MR. WISE: I'm delighted to be a member of this discussion group. I want to find out if we are going to quit on time. There are about two or three minutes. He says we aren't.

So why don't you all quit moving around and not get in competition with my speech, please. (Laughter)

After I received from Mr. Baxt this document, I moved it several times back and forth--from stack to stack on my desk--almost wore it out worrying about the time I'd get to concentrate on it.

Well, I went back and read Paul Howard's letter to me about appearing on this program, and he said, "You will have five to ten minutes to comment on the traditional concept of vocational rehabilitation and the implications which this project may have for a broadened concept of rehabilitation."

Well, after reading that, and realizing what it meant, I recognized that the progress report of the Project was not the place in which I would find what I ought to say. So then I relaxed, and when I did get around to reading it, it was good reading. I enjoyed it, Mr. Baxt, very much.

I think it is true that over the years rehabilitated cases in the State agencies have increased in age. That is probably as it should be. Most of the people who are operating State programs of vocational rehabilitation have been in quite a long time. They have gotten older themselves. And I am sure that you would expect that they would be more tolerant and expect that the older people would be given more consideration. There are exceptions.

But actually, to me, this project--this demonstration--is one of many that have implications for us. I contend that in Rehab we have a lot of similarity between severely disabled people and the older group. What we have learned about adjustment and come-back of the blind sets the stage for some of the basic approaches to the problems of aging.

The same thing is true with ary of the so-called highly limited individuals in the disability groups in which we are involving ourselves in our rehabilitation programs.

It is not to be conceived in any sense that we would fail to have a "run of the pile" caseload. That is a good old H. B. Cummings saying. Look at the whole State, your commitment to do a Statewide job and your commitment to serve all types of handicapped. When concern was registered, Mr. Cummings would say, "Now, Freddy, don't get excited. Just be sure that you get the average run of the pile caseload and you'll do all right." That's the kind of advice that we have had many many years down South.

If you are going to include all types, all ages, all disability groups in your Program, you must be concerned with these statements about the upper age group. I think in this modern day of research and demonstration we certainly have learned much.

For instance, this program in New York relating to the mentally retarded, work classification or whatever we want to call it has great implications for the type of problem here--the aging.

I am not trying to discredit this Project because it is just one more of many. It is the finest example of our needs in making a go of the rehabilitation of the total disabled population if we ever get around to having staff and financing to do the whole job.

About the only way I know to wind up in another minute or two is to tell you what we have attempted to do in a small way in attacking the problem of the severely disabled, the blind, and some of the older boys. I'm getting very sympathetic with that group. (Laughter) We have established eleven what we might call "centers of activity." On the one hand, a strictly vocational evaluation facility in a trade school. Another, physical and vocational evaluation. Then another, strictly a workshop that was started out primarily as a terminal employment center under the old workshop meaning.

Now, in all of those centers, I think we have learned that any one of them must not exclude the aspects of the other--that is, the typical terminal workshop isn't the answer. Neither is just the vocational evaluation. I think we have learned that you have got to have more centers to bring about some evaluation through psychological services, medical diagnosis, and other means. Those things right on through work trial. Even then you are going to have a certain number of these people that cannot move out into competitive employment or self-employment. If you have all these things and your emphasis is on seeing how many people you can carry through these centers rather than how many you can employ, even part-time, it is good.

Now, source of cases. There are vast numbers of OASI referrals for disability determination and all of the people who are under 65 who have need for public assistance. Maybe we won't find a major disability, but it is some disability, plus age, for those between 50 and 65. We happen

to have arrangements with our Public Welfare Department whereby all of the applicants for APTD--I believe that's permanent and total disability--are reviewed for rehabilitation potential prior to acceptance of their application for public assistance.

So these two sources alone just pile them on. I'm sure Alabama is a typical State. We do not have a problem of knowing where they are or doubting that they are there. But it is a matter of tooling up, it seems to me, for us to move out in this direction.

This Project is a fine way for us to learn, and I think in reading these "Facts in Brief," it's surprising the large number that are in competitive employment immediately. I don't know how we can relate the activities here to the financing of a State program, but that would be our problem.

Yes, it may cost a little more money, but it seems to me that this Project has real implication for all of us in the future rehabilitation of those who are older and, incidentally, those who are severely disabled and need some specialized help.

We can't have enough counselors to see them all, evaluate them all and handle them on a "single-barrel shotgun" basis. We had better find some centers such as this where we can get the package "wrapped up." Then it seems to me, with the cooperation of other agencies, we can move them out. If they won't move out, furnish them sheltered employment.

Thank you very much. (Applause)

MR. SCURLOCK: I have gotten a lot of reassurance from this program this morning. I have just turned 39. (Laughter)

Mr. Baxt, you brought a very interesting discussion here. We are deeply indebted to you.

I want to thank the two discussion leaders.

And at this time I want to give you an opportunity now, any of you, to raise questions. We will take just a few minutes for a little discussion from the floor.

The only thing I am asking is that for the benefit of the recorder that you stand and give your name and then ask your question or make your comments so that you can be properly identified.

MR. BAXT: Mr. Chairman, is there a minute for me to comment?

MR. SCURLOCK: Yes, sir.

MR. BAXT: Ray Power, the last thing that I want to do is leave the impression that I don't consider training as a very integral component of vocational rehabilitation for older people.

As a matter of fact, to the best of my knowledge, my own agency is the only one for some 15 years now that has a scholarship program for training which is limited to persons 40 years of age and older.

So that I'm the last one who would approach this in other than a merit concept.

Now, just a half-minute on why my emphasis on what you identified as placement.

Ladies and Gentlemen, among my responsibilities is that of a social planner too. I have a relationship to vocational services throughout the United States, Canada, Israel, and Australia. The reason I put that emphasis in there today is for some voice--and I think it has to become increasingly louder--to at least get us to hold the line on the placement aspect of the vocational rehabilitation process.

What worries me is the orbit. If we stay within the vocational orbit, I think we're all right. What I see beginning to happen, many of my own colleagues, many agencies are beginning to play havoc in the way of community organization because some monies are available under the banner of vocational rehabilitation. And so I begin to see all kinds of disciplines, beginning to prostitute themselves and coming on into the family. I am concerned with the end result.

I think this is what the money was intended for, and so I've got to continue to try to make myself heard, as Mary does throughout the country, in constantly urging that this be kept within the vocational orbit, because too many other disciplines--unless I get back home and start a local fight I'll not mention those disciplines--but they are not vocational, they don't have that kind of orientation, and what I am afraid of is that this component of it will be lost because it is a lot easier to do the other. (Applause)

MR. SCURLOCK: If you didn't know, you would think this man had been in vocational rehabilitation a long time. He speaks our language.

Who wants to discuss it?

I believe you had your hand up, didn't you? The lady here?

MRS. MORRISON (Hawaii): I missed your opening remarks, Mr. Baxt, but I did want to know what happened to the other 50 per cent who were not diagnosed as employable.

MR. BAXT: Thanks for the question. Incidentally, please note that many of those whom we diagnose as unemployable were placed. Now, we said from the very outset, though many of our colleagues around the country will probably say that you didn't know how to make a diagnosis in the first place, we were nevertheless prepared to take our chances, because we are prepared to say we don't know. We all have a lot to learn. And this is why it is a demonstration.

If you take a look at that fact sheet, you will find that a number of people who were diagnosed as unemployable moved themselves. And we will, for the duration of this program, stay with every one of these individuals diagnosed as employable or unemployable to see what happens to them so that we can make to you and our colleagues throughout the country the maximum contribution of characteristics which apparently lend themselves to success.

For those whom we diagnosed unemployable in competitive industry, and you will note that group, there are limited facilities for terminal workshops. We regret that as yet in our area the facilities are terribly limited, and we are moving as quickly as possible so that many of those who we think could be used in a so-called terminal workshop would have more of an opportunity to do so.

Some of the others we referred to family agencies and to medical sources for other kinds of services where we had reason to believe that either terminal workshop or work in competitive industry was not feasible at this time.

MR. SCURLOCK: Are there other questions or comments from the floor?

MR. POWER: Mr. Chairman, I want to say one word. I don't think we want to get established that we are the agency that has a dollar sign on everything that we do. Now, we rehabilitate people into employment. We have made vocational rehabilitation in the execution of the program a more cruel and restricted type of program than it is necessary to make it.

As I interpret Public Law 565, we rehabilitate people into useful work. We call it remunerative employment. But we are thinking about a lot of things about the individual besides earning a dollar.

Now, I think it's for us who are in the program, in the public program, to interpret our program more broadly. Work has other values besides the monetary value.

Unless we do that, if we're going to divide the number of years that a person is expected to be in renumerative employment and place our priorities that way, we'll never get anywhere with the aged person. Take the hemiplegic 70 years of age who may have a year's work expectancy. Take the cardiac 25 years of age, rheumatic heart, who may have 20 years or 10 years expectancy, probably ten years expectancy. You'd never get any place if you took that kind of an attitude about it.

Now, I'm not making myself very clear, but I think that if you do hope to move into a broader field of rehabilitation, rehabilitation for independent living and that sort of thing, we must rethink this thing some and take a view that is broader than the monetary angle.

Now, we probably don't think so much about it that way, but other agencies have come to think of us that way, that we won't do anything unless it has got the dollar sign on it and we can cash in.

Mr. Baxt is not making that accusation or he's not implying that, but I think it's easy for us to get ourselves established that way and understood that way.

MR. SCURLOCK: Miss Switzer, would you like to say something on this subject?

I would like to recognize Miss Switzer at this time for any comments she has to make, and she has a guest to present.

MISS SWITZER: Yes, I would like to make a few comments on Mr. Baxt's paper and the discussion which followed.

First of all, I think that it illustrates what I was saying earlier this morning about just what our projects can do for our program.

Now, maybe it's because we are all getting a little older or maybe it is because of a lot of things, but an analysis of our rehabilitations each year for the last several years shows an ever-increasing proportion of rehabilitants in the older age group.

I never knew exactly why I put such emphasis on this balanced program--what do you call it, Freddie?--the run of the pile?--but I might have known that it would be one of Doc Cummings' precepts, because I have been living with it in all the things I have said.

You know, we always have made progress in this and many other programs by emphasizing certain things at certain times--and usually the dividends have been high when we have concentrated.

Now, you remember that last year, Representative Fogarty introduced and secured the passage of a bill authorizing and directing this Department to conduct a national conference on aging in 1961. As part of the preparation for that, grants have been made to States, not a large amount but enough to be seed corn to start the planting in preparation for this conference.

It occurs to me that this is a very opportune time for our public program of rehabilitation, in cooperation with projects like the one you heard discussed this morning, to give rather special emphasis to this phase of the vocational rehabilitation program, to retain the emphasis that our speaker pled for so strongly, and also to recognize what I think Mr. Power himself said once in a meeting not too long ago, when we were discussing independent living and vocational rehabilitation's connection with it. He said it this morning in a different way--the importance of work as therapy. We would never want to lose sight of work as a major part of the rehabilitation program.

I think one can have the liberalized concept of service to people and intake, let us say, without abandoning what has been the secret of the success of the rehabilitation program to date, with many modifications that have taken place through the years.

Mr. Chairman, is it now time for me to introduce Mr. Wilson?

MR. SCURLOCK: Yes.

MISS SWITZER: We have asked Donald Wilson, the Secretary-General of the International Society for the Welfare of Cripples, since he is here in the city for a number of other meetings, to meet you and you to meet him--most of you know him--and for him to tell us a little bit about the congress that will be meeting here in the United States for the first time, the International Congress for the Welfare of Cripples, next summer.

Yesterday with the Executive Committee we had some discussion of how this Council as a Council might participate formally in the congress, with the thought that the one thing we have in America in the vocational rehabilitation program is a separate, well-developed administrative structure for the delivery of rehabilitation services across the board, and I think that our colleagues from abroad, particularly from the countries who will themselves be trying to organize their own programs, would gain a great deal from some formal recognition of the role that this Council can play.

Whether we can do it or not is yet to be decided, but I thought it would help us to decide to hear a little bit about the congress from Donald Wilson.

Mr. Wilson.

MR. WILSON: Thank you, Mary.

I realize that you're all hungry and have your minds on other things, and I will try to be as brief as I can. Maybe it is better to get you hungry rather than after lunch when you're sleepy. (Laughter)

Mary always has the international program in mind, and I'm very happy that I have had the opportunity at the end of the meeting to talk about the international.

I think many of you, of course, give very little priority to international activities, because you have many other State and local duties where you earn your living and you must give them the highest priority. There are some of you, however, who have done a great deal in the international field, and I think sometimes we don't recognize it enough.

Mary herself has been to many of our world meetings and has worked in many ways in our international program.

We are still using Ray Power's study, his report down in Brazil, and I think we are building in Brazil an excellent rehabilitation program. There are some things down there developing I think you could learn from.

Mr. Collazo from Puerto Rico has been working hard for our Fourth Inter-American Conference on Rehabilitation which will be held in San Juan May 20th for four or five days later this month.

I might say the president of the International Society arrives from Australia tonight, will be here the rest of the week, and will also go down to the Inter-American Conference.

The point Mary wanted me to emphasize to you was the Eighth World Congress of the International Society for the Welfare of Cripples in 1960.

We called our last conference in London in 1957. These world meetings are held once every three years. We call it the "World Congress on Rehabilitation"--right in your field.

The congress will be held in New York City during the week of August 28, 1960. That is the week before Labor Day. It is one of three international meetings that will be held in sequence. The first one is the International Congress of Physical Medicine, at which the medical people will meet here the week before. And the International Society of Orthopedics will meet in New York City following our congress. We have doctors in front of us and doctors behind us.

I might say this is the first time that any one of these three meetings has been held in the United States.

I don't know if you all are aware that the first congress on rehabilitation was held in New York City in 1919. It is amazing to me that we don't recognize the history of it. As far as I know there is only one man alive, one man I know, who went to that congress, Jeremiah Milbank. But I think your program in the United States probably came about because of that conference in 1919, forty years ago.

At that conference they brought people in from France and Belgium and from Europe and Canadians who had been in this business a little bit more than we in the United States, because they had been in the First World War before we had been, and that conference was the springboard, I think, that stimulated the first Federal Vocational Rehabilitation law.

Now, we have had no world conferences in rehabilitation in the United States for forty years, and I think this one will probably be the only one held in your lifetime. This one in 1960 is probably the only one in your lifetime in North America at least.

We expect to have at least 50 countries represented and probably between 1,500 and 2,000 people from outside the United States and Canada.

I don't know how many people we will have from the United States, but I know there will be a large number of Canadians. It will be a meeting with a large attendance and broad participation. It is certain to have an impact on your work, no matter what part of the United States you live in.

We need your help very, very much, in all parts of the United States. We need your help in understanding for these international programs. We have set up a structure for the congress. The National Society for Crippled Children and Adults, which I believe is the oldest voluntary agency in the general field, is the official host, but the congress committee includes many, many other people representing all facets of our society.

The honorary president is the President of the United States. The working president is Howard Rusk.

Some of the people in the congress committee include General Maas, Mary Switzer, E. B. Whitten, Henry Kessler, Orrin Lehman as treasurer, Dean Roberts, and Adrian Levy.

The United States has received a great deal from other countries. Many of our concepts of rehabilitation, I think, have come from other countries. Like all Americans we take the concepts, the imported foreign ideas, and we work them over and improve them and make them better. We think that is one of the things that Americans excel at--to take an idea, a technique, a method, and improve it, particularly in the area of services to people.

I think as a whole, because of our wealth--we own now almost 50 per cent of the world's income and have 7 per cent of the world's population--we are in a very, very fortunate position economically to do things.

We find people in other parts of the world now looking to us to get back some of these ideas that they originally gave to us and which we have developed. People in other parts of the world are demanding services in the field of rehabilitation. We have got to find techniques and we need your help in finding techniques to give back to these people in other parts of the world some of our own ideas, give them the benefit of your experience. They demand it, they want it, and I think we've got to give it to them.

I hope you can attend the congress next year. Even if you cannot attend, I hope you will understand the purpose of it and feel the relationship of it to your day-to-day work--how this congress can help you and your staff and other people in the rehabilitation field.

It is not only a matter of you giving to other people of the world. I still think there are many ideas in other parts of the world which you can get which will benefit you.

When Mary and I were in Copenhagen a few years ago, she was interested in their social insurance system and the way the cash awards for the disabled were related to rehabilitation.

We found in Denmark that they had been working with this problem for years and years, and had dealt with problems which were still new here.

We could find other fields, we know, in other parts of the world, where they have had more intensive experience in certain phases of rehabilitation than we have had here.

So this congress will be more than an opportunity to give to other parts of the world--for if you participate and work with us, there will be a lot you can still get from other people in the world.

Thank you. (Applause)

MR. SCURLOCK: Thank you, Mr. Wilson, for those remarks and for your invitation to this group to participate.

I'm sure that we are going to want to discuss some plans tomorrow which may enable us to do just that.

There is a slight change in our agenda. The award presentation which had been planned for this time we will have at two o'clock. We are going to ask you instead of coming back at two o'clock if you can arrange to be back in here at one forty-five. There are some announcements and there is a little bit of other business to be taken care of before the presentation ceremony at two o'clock.

So, if you will, try to be back in the room at one forty-five.

We are adjourned.

(Whereupon, at 12:17 p.m., the meeting was adjourned, to be reconvened at 1:45 p.m., this date.)

AFTERNOON SESSION

1:50 p.m.

MR. SCURLOCK: May we have your attention, please?

If we can get settled, we will get this show on the road.

In one of the early announcements that went out about the Council meeting, there was an announcement made that there would be a party over at Gallaudet this evening for the group. That has been changed and the affair has been cancelled.

It takes a lot of work to make a conference such as this go, to get it organized, and to take care of all the details. And there are some people in OVR who are always on the job behind the scenes, and one of them is a young lady who is sitting up here at the table. I want her to stand and take a bow. Henrietta Schneider. She is responsible for a lot of the details. She is responsible for the flowers back here. (Applause)

Somebody asked me this morning if the flowers came from Oklahoma, and I said "yes." I knew if I didn't that Joe Brown would claim them. (Laughter)

At this time I want to call on Tommie Thompson for a few remarks that will take about five or six minutes.

MR. THOMPSON: Voyle, Members of the Council, Miss Switzer: Mary and Ollie and I have been talking for some little time about the possibility of doing a television series for two particular reasons. One would be to provide some in-service training for State personnel who are interested in the project, and the second would be to develop a series of rehabilitation films which might be helpful in promoting the program throughout the country.

We would like for those of you here today who would like to nominate an individual from your State to be a guest on a local television program to see Ollie or me after the meeting or to give your name to Miss Schneider, and when you nominate a person state his or her disability, occupation, and some of the reasons why you feel that this person is one of the outstanding rehabilitated clients in your State.

After selection is made of the persons who are to be used on the television programs, you would start out to collect biographical data, to collect pictures of the individual, and to help him or her write up his story so that it may be best presented.

Then you would be asked to select a television station in your State which has wide coverage, and request the station to donate 15 minutes or so of time and arrange for use of the wire to network headquarters so that when the program is put on in your town as a local telecast it would be piped into a central place and made into a kinescope which would be available for sale to all the other States.

Upon the selection of the people who would be used, Mary would then designate a committee--Ollie and I would be members of it--to come to the State and spend about three days with you and any person that you have designated as the one you want to be trained in the use of television, and we would then proceed to work up a script, contact the television station, take the person with us, see all the technical things that have to be done in promoting it, and follow-through to the time when it would be put on the air and be piped in to be made into a kinescope.

Wherever possible we would like to have the local individual that you have selected be the moderator of the program while it goes on the air, so that would give you some publicity.

But I would like to point out it doesn't matter what the time is that you get, day or night, weekday or Sunday, so long as it can be aired and the kinescope can be made.

Do you have any questions to ask about it?

FROM THE FLOOR: Tommie, this sounds like a splendid plan. Will this be followed with an OVR release or some other announcement so that the folks who are not here will get this information and have the opportunity to nominate clients?

MR. THOMPSON: I presume so, won't it, Mary? Ollie?

MR. SCURLOCK: Yes.

MR. THOMPSON: In other words, it would be an OVR project. How it is to be financed I don't know. Mary might be able to answer a little later on. But there would be no cost to the States involved. It would just be work.

We would hope some training for State people in the promotion of television programs would come out of it, and also the development of a kinescope library that would be helpful.

MISS SWITZER: This is, I think, a very intriguing opportunity to take advantage of Tommie's program, which is now a tradition. It is no longer an experiment. It celebrated its seventh anniversary last February.

It is really an amazing thing. I participated in it on that anniversary night with two of the rehabilitants that were shown and their stories given.

It seems to me that it is not always easy to get the spot story or the unusual incident, and the thing that has made this remarkable and its impact so significant is the sustained interest and the fact that every week or two there has been a program on some aspect of work for the disabled on a television station with the support and sponsorship of the management of the station and the assistance of a staff, so that a professional performance is given.

When I was in Little Rock last year, I found that there is a climate in which the television people would like to perform their community service by working with the agencies that are interested in the disabled to do some sort of a program of this type. And I told them about Tommie's program. It seems to me that we could well multiply the benefits. One way of doing it is the way that Mr. Thompson has outlined to you, and as the project develops there will be other ways.

But the important thing is to try to find as many places as possible where we can have a sustained interest and a sustained manifestation of this mechanism of doing a community education job.

So I am going to tell you that anyone who has an opportunity to contribute to this program and to participate in it will, first of all, enjoy it thoroughly, and many other people will enjoy it thoroughly, and you will get tremendous returns on your investment of time and effort.

MR. ALSUP: Mr. Chairman, may I say in connection with all of this I don't know whether or not we will get to show it here but we entered into an inter-agency contract recently--about a year ago--with the University of Texas, with the television station, and they have developed a film for us for television. The information about the film was sent to every television station in Texas.

You may show all you want to on a national scale as to what you are doing in some States, but what they are always asking us and they will ask in your State is, "What are you doing for the disabled in your State?"

This film definitely spots Texas all over and shows what is being done. And it can be carried and it is strictly designed for television or for civic groups.

I don't know now whether we'll have a chance for this group to see this film. We have brought it. But whether you do or not, I think you ought to develop your own, because people are concerned with what you are doing in your own States, and they're going to ask you about it. The response is terrific when they see what you are doing in your own home State. I hope some of you will get to see this film which, as I say, is designed for television.

MR. SCURLOCK: Thank you, Lonnie.

Secretary Flemming has just walked into the room. Mr. Secretary, we would be happy to have you come up to the front, if you will.

SECRETARY FLEMMING: I will be glad to sit right here. (Applause)

MR. SCURLOCK: Before we get into this matter of awards, there are three people that I would like to recognize.

Just recently there were some 37 people in Health, Education, and Welfare who received the Superior Service Award. Three of those were from OVR. Two of them are Regional Representatives, and one of them is from our own Region. We are very, very proud of him.

Doyle Best, from Region VII, will you stand, please, sir? (Applause)

The second one is Phil Schafer from Region IX. (Applause)

And the third is Elizabeth Chase, legislative analyst for the Central Office. Is Miss Chase present? (Applause)

There are many organizations in this country that are involved in rehabilitation, and I know of none that is doing more than the President's Committee on Employment of the Handicapped. And the States Council through Tommie Thompson is maintaining a very close working relationship with the President's Committee.

I would like to call on Tommie at this time to make any comments he cares to make about the work of the President's Committee and to present the next speaker.

Tommie Thompson.

MR. THOMPSON: Mr. President, Secretary Flemming, Miss Switzer, General Maas, Ladies and Gentlemen:

It's been a real privilege for me to serve as a member of the Executive Committee of the President's Committee during the past two years representing the Council of State Directors of Vocational Rehabilitation. The real thrill that I get out of it is that each time we meet in committee, I have the privilege of associating with top-level businessmen, labor leaders, government officials, leaders in the field of medicine, of veterans' organizations, advertising, radio and television, and many others.

It is a far cry these days from the original Executive Committee which met first after the passage of the law which created National Employ the Physically Handicapped Week, and some of the activities that are carried on now by the Committee indicate the broad extent to which the work has developed.

Incidentally, E. B. Whitten is also a member of the Executive Committee representing the National Rehabilitation Association, and he and I have had the privilege this past year of serving as members of the Awards Committee which considers nominations of agencies and individuals for distinguished service certificates.

At least one is to be presented to the meeting this afternoon.

In General Maas' report to the President, which was issued just recently and which was distributed I believe among all State Directors of Rehabilitation, you have a report which states that the President's Committee has been devoting its efforts mainly in recent times to a better organization of State and local committees, better participation by the States in various projects, more and better informational aids for the money, and special attention to workshops for the handicapped.

Among these special projects, of course, are the essay contests, the exhibitions of work by handicapped people, the development of regional conferences.

Another project that is in the offing probably is that of a national poster contest.

The Committee has been successful in developing a number of films that are useful to rehabilitation agencies throughout the country in promoting work for the handicapped.

Last year, with the cooperation of Jerry Morgan, the Committee arranged for a very successful Labor-HEW Press Kickoff for the joint publication of the Women's Bureau and OVR Pamphlet entitled "Help for Handicapped Women."

Some of you in the audience will be particularly interested to know that the Executive Committee of the President's Committee is now giving serious consideration to the proposition of including in the work of the Committee the mentally handicapped and the retarded.

Today we have the signal honor of having with us the chairman of the President's Committee, who is Major General Melvin J. Maas. The old saying is that the esteem of one's comrades is the foundation of power, and it certainly holds true in the light of this man who is our guest, because I have observed during the two years that I have been associated with him on the Executive Committee the extreme honor and respect that all of the leaders in our country from the various fields of activity have for him. And it is only a person like General Maas who can lead people who in their own fields are tops.

And so it is a real privilege to be associated with a great American like Mel. We had him recently at the Governor's Committee meeting in Baltimore when we presented awards to winners of the essay and the poster contests and just to show you what a real, down-to-earth fellow he is, I would like to tell you a story that he told.

Probably he had it in his menu for today, but I am going to beat him to it.

A photographer was taking movies of Mel as he presented the awards, and, of course, being a very bashful and shy man, as each lady came up he would merely shake hands and say, "Congratulations," and, "here's your award," and she would go and sit down.

So the photographer asked Mel if he would prolong the process just a little bit with the next girl who came forward and say something or tell a joke or whatnot, in order that the photographer might get a little more film of the General doing this job.

So he said to her, "The only thing I can tell you is a story that I heard yesterday, and it comes in the nature of a lesson in English."

He said, "When you are not feeling too well, say, 'I feel badly.' Don't say, 'I feel bad.'

"And when you are going down the street, if you see a young girl, look at her sternly; don't look at her stern." (Laughter)

I should now like to present one of the finest fellows I know, a man who is entirely capable of performing the duties of his office to which he has been appointed by the President of the United States--Melvin Maas. (Applause)

GENERAL MAAS: Thank you, Tommie.

Dr. Flemming, Ladies and Gentlemen of the Council: I have been looking forward to this occasion. There is nothing I like to do more than to recognize contributions to the cause of advancing human beings. And today is one of those occasions when I get the supreme thrill out of being able in the name of the President to recognize you for the activities that you have been carrying on.

There's nothing that more clearly delineates the difference in the world challenge today than the attitude toward people. We're not interested in people as the other system that challenges us. They are interested in masses of people, collective farm workers, masses of factory workers, masses of troops. The difference under our system that is being challenged is that we look on people as individual human beings.

We're primarily concerned--and everything we do is so motivated--by the desire to maintain the dignity of the individual.

And because the Office of Vocational Rehabilitation and the State agencies for rehabilitation are so completely dedicated to this ideal and have done so much to advance it, it gives me a thrill to have the privilege of standing here with you today and participating in your meeting for a few minutes.

The President's Committee, as you may know, is not a government agency. We represent perhaps that real secret that is America. We have learned in America how to work with the government and private agencies. In some systems the government does everything, as it did under Hitler and the Nazi regime. The people were allowed to have no voice in anything and so had very little interest in people as people.

There are other systems where the government does absolutely nothing and leaves the people without leadership, without guidance, without assistance, and very little gets done.

But in this country we have found that perfect balance of the partnership between government agencies and private agencies, and the President's Committee is a bridge between the two. We are of the government but we are not the government.

We are a private agency, and yet we are in many ways different than other private agencies.

Incidentally, I made a terrible faux pas the other day, Mary. I don't know what happened. I was talking to a group of health agencies, and I inadvertently--well, the words just stuck. I guess it was that new set of teeth I had, because they came out wrong. Anyway, I referred to them as the "disease agencies." (Laughter)

I'll never do that one again. (Laughter)

But the President's Committee is able to bridge the gap between government, private agencies and the citizens. And we have been stressing, as Tommie said, the development of the State and the community committees. And there you play such a vital part in the State rehabilitation offices. We have counted upon you. We have built our great movement on State agencies, along with the guidance and the ever-helpful experiences being passed on to us by the Washington headquarters of these agencies.

Incidentally, as Tommie mentioned to you, when I reported to the President the other day and gave him a leather-bound copy of the report, it included a very full account of your activities, both the Office of Vocational Rehabilitation and the State agencies, in the whole development of the placement of the handicapped. I know the President read it with great interest. And it will mean a great deal to him because this whole movement means so much to him.

I want to just say something that has been impressing me more and more as I have come in closer and closer contact with the work of the Office of Vocational Rehabilitation and with the work of the rehabilitation facilities throughout the country, those which have been inspired by the State agencies, by the Department of Health, Education, and Welfare and those assisted by it.

We so often look upon people who are known as successes in life, famous people, as the "lucky" ones. We talk about, "Oh, well, he was lucky. He got all the breaks." And yet, you know, the real contributions to civilization, the real contributions to the progress of any people of any nation, are not made by the lucky ones. They're made so often by those who are generally looked upon as "unlucky," because it's those who have to overcome obstacles.

We so often look upon the physically handicapped as the "unlucky" ones, and yet are they? Those who overcome their physical handicaps, in the very process of that, overcome personality difficulties, they overcome both natural and unnatural barriers, and if we could only study the record we'd find how many, many contributions to the political life, the diplomatic life, the financial life, and the social life of our nation have been actually led by those who had been called unlucky.

Well, I want to pay my respects today to this great work of vocational rehabilitation, because, Mary, you and your co-workers have substituted pluck for luck, and I think it is going to make the telling difference in the ultimate end of our search for peace in the world.

There can be no peace for civilization until there is peace for all the individuals, and there can be peace for individuals only if they can have their self-respect.

What you are doing in rehabilitating them and preparing them for the time when they can take their full place in society, when they can hold their heads up again because they are supporting themselves and supporting their families and making their full contribution to their community and their nation, oh, what thrill it must be for all of you to be in this work.

I want to tell you that it is a terrific thrill to me just to be associated with you, to have the privilege of knowing you and watching from the side what you are doing.

And so today it is my great privilege on behalf of the President's Committee on Employment of the Handicapped to recognize the outstanding contribution that has been made and is being made and I know will continue to be made by the Office of Vocational Rehabilitation and your colleagues in the States toward this finest of all human activities, the recognition of the dignity of the individual.

Mary, will you come up here? I don't know which side you are on, Mary.

MISS SWITZER: Right here.

GENERAL MAAS: Mary, as the Director of the Office of Vocational Rehabilitation, it is my great privilege and pleasure to present to you for your office, which you have so ably led and have so inspired, this recognition of the work you have been doing.

Is Millard Rice here, the chairman of the Awards Committee? Millard, will you please read this citation?

MR. RICE: General Maas, thank you.

Probably you would all like to know the basis on which the Awards Committee unanimously decided that this Distinguished Service Award should be granted, and it was concurred in by the Executive Committee of the President's Committee as well, so I will read to you the recommendation that was penned by Kenneth Pohlmann, of the United Mine Workers Welfare and Retirement Fund, as follows:

"The Office of Vocational Rehabilitation, through its national staff in Washington, and through the dedicated special efforts of its cooperating State divisions of vocational rehabilitation and agencies for the blind, has participated cooperatively in almost all the major promotional and informational programs of the President's Committee during the past several years. Several instances of such cooperation include the recently completed series of regional meetings in which vocational rehabilitation officials at the State and national level took an active part in the planning and execution of the highly successful series, even to the

extent of providing funds for travel for the President's Committee's staff to two of the regional meetings; joint sponsorship of the very successful national art contest which included a major share in the planning and participation in all of the activities at staff and executive level; purchase of additional copies of 'Performance' monthly so as to service all vocational rehabilitation offices, thus freeing the President's Committee from the ceiling under which it is operating; participation on an active basis in major informational and promotional programs of the Committee; and preparation of the complete text of one of the Committee's most useful pamphlets, 'Independence for the Handicapped,' for major use in connection with the essay contest.

"In addition, State vocational rehabilitation officials, with the complete approval of the Washington office, have given active leadership to the plans and programs of the President's Committee in the States, either as chairmen or secretaries or as working members of State and local committees, including attendance in large numbers at most meetings of the Committee over a period of years.

"In the special missions assigned the Office of Vocational Rehabilitation under Public Law 565, many of its special grants and projects will immeasurably assist the over-all employment opportunities of the handicapped and expedite the work of the Committee in removing roadblocks.

"These local or regional projects are perhaps the single greatest innovation in the rehabilitation program in the past 50 years, and, as such, are making and will continue to make, a most important contribution to the President's Committee's work.

"As a final example of cooperation with the Committee, the Director of the Office of Vocational Rehabilitation arranged for all members of the National Advisory Council of Vocational Rehabilitation established under Public Law 565 to attend the opening session of the President's Committee meeting, thus cutting short by half a day the planned meeting of the Council.

"For its many special acts of cooperation at the national level and for the very special efforts of its cooperating State agencies, the Awards Committee recommends the Office of Vocational Rehabilitation for the Distinguished Service Award."

As I have indicated to you, that was unanimously passed on both by the Awards Committee and by the Executive Committee of the President's Committee. (Applause)

MISS SWITZER: General Maas, Friends from the President's Committee, Members of the Council: I accept with gratitude and humility on behalf of the Office of Vocational Rehabilitation this Distinguished Service Award from the President's Committee.

I think it is with a tremendous sense of opportunity that we share with our cooperating State agencies the glow of approval which this award means.

We pledge our support in the future.

And I think, Mel, we would have to say that the activities of the President's Committee and its counterparts, the Governor's committees and Mayor's committees, have made it possible, through their support, to do the things that you have found deserving of this recognition.

We thank you one and all very, very much. (Applause)

MR. SCURLOCK: I believe there are some more photographs to be taken at this time. If we can do that right now and get it out of the way, then we will begin the afternoon meeting.

I am going to ask Doctor Spencer and the two discussion leaders for the next project if they will come up to the table, please, Andy Marrin and Mr. Harding.

You know, I made the remark this morning about this Council being organized 23 years ago, and I failed to observe that the first president was Mark Walter, who is sitting in with us today.

I think I am right in that, am I not, Mark?

MR. WALTER: Bill Fox.

MR. SCURLOCK: Were you the second?

MR. WALTER: Yes.

MR. SCURLOCK: Would you stand and take a bow, please, sir? (Applause)

All right, if we can have your attention, we will get under way.

This is the second project presentation. We had the first this morning.

Because we had to change our agenda a little bit, we are not going to have quite as much time in the afternoon session as we would have had otherwise. For that reason, I am going to ask the discussion leaders to each limit their remarks to about five minutes. That will give us perhaps a little time for some discussion from the floor.

When Dr. Spencer is finished with his presentation, I shall not present the two discussion leaders. They will simply come up, first Mr. Marrin and then Mr. Harding.

This next gentleman it seems that I should know, because he was born and went through high school in my home city, Oklahoma City. Somehow our paths have not crossed until today.

Dr. Spencer did his undergraduate work at Georgetown University. He took his medical training at Johns Hopkins. He did a stretch in the United States Army with the rank of Captain, and since 1950 he has been the Medical Director of the Southwestern Poliomyelitis Center in Houston.

He presently is Director of the Texas Institute for Rehabilitation and Research.

He is serving as professor and chairman of the Department of Rehabilitation of Baylor University.

This project is a coordination of physiological and biophysical data in the rehabilitation process.

Andy Marrin says he's having difficulty determining what this is all about, but I feel quite sure that when Dr. Spencer is finished he'll know.

I'm happy to present to you at this time Dr. Spencer. (Applause)

DR. SPENCER: Miss Switzer, Secretary Flemming, President Scurlock, Friends:

It is a distinct privilege and a pleasure to be able to address you on a subject which I am sure interests us all, and that is the provision of a better life for the disabled.

It is with considerable trepidation that I stand before you as a newcomer to the field of rehabilitation of only nine years, when the collective wisdom of many hundreds of years is represented here.

So I would like to amend the old saw about not teaching an old dog new tricks to the following: Wouldn't it be nice if the old dogs would teach the new dogs some of the old tricks? It would make our course much simpler.

Now, certainly the ways to reach this goal of a better life for the disabled are not new. The method includes, first, the provision of better care of the disabled, which is a continuing process and which involves an increasing number of professional people.

Secondly, we must extend our study of disability, its social and economic consequences. We must study what we are doing in treatment, what we are providing, its adequacies, its inadequacies.

And lastly, we must certainly disseminate knowledge about these problems if we are to gain the attention they deserve in the scheme of things and if we are to provide others with those solutions we may be fortunate enough to determine.

One thing I would like to point out is that it is less evident to most people, certainly not to yourselves, but particularly important that in this aid to the disabled individual and the study of them we are fast realizing that practical knowledge about man, his totality of behavior, can be obtained in a special situation, that of reaction to illness or injury or physical handicap.

The second thing is that we have a very pertinent and characteristic requirement, I believe, of rehabilitation research that I am here to discuss with you, and that is that it is essential that we give central attention to the actual process of the care of the disabled person, for in the identification of disability and actual assistance to the disabled person research is promoted, encouraged, and many of us believe properly directed.

This is a problem which one cannot "arm chair." This is a problem which does not lend itself to ready solution in isolated ivory towers. You have to struggle day by day with the ordinary and humble human needs of a disabled person to promote the kind of inquiry which may give direct benefit in the care of these people.

Now, in order to place this project that I am here to describe in some sort of perspective of the total problem and to be historically correct, first I would like to show you a slide on one of our basic assumptions.

This is the spectrum, we might say, of disease and injury. At any one instant, a mass of people may be found to have illnesses and injuries, first, on the left, from which they may spontaneously recover, where their own natural restorative forces in their bodies achieve recovery.

In the middle is a transitory group of people who have treatable illness and injury. These individuals are the ones who some definitive medicine, some drug, some orthopedic or surgical procedure, counsel and guidance will quickly restore into the swim of life.

At the extreme right there are those people with permanent incapacitation. They may have progressive conditions that lead to death. They may have some defect. But, in general, their condition cannot be cured, and they must learn somehow to adapt to this altered state of life.

It is perhaps mostly out of this group that the seed of disability really flourishes.

Now, the next slide tries to put in graphic form what many of you have said so well, and that is that disabling illness or injury cuts down the rate of an individual's contribution to himself, to his family, and to society, that he is different because of this, that he may become old prematurely, and I mean this in the sense of his body as well as his intellectual and emotional behavior, and he may die prematurely.

Now, this frightens us in medicine, because there is an enlarging occurrence of chronic disease. The very advances of our science and of our culture, the life-saving advances are creating more and more people who are put into this state of affairs.

Now, the next slide. I'm sorry we do not have more light, because I would like for you to be able to see the face of this man. This is the face of disability. It is a man coming out of darkness, a man who somehow is aware of the incompatibility of his healthy aspirations and expectations and the handicap of a defect in his body form.

This is heightened by the sense of incompleteness and pity that this state calls for from other people in our culture.

This man has had polioparaplegia for a long time. His face epitomizes the desultory state of disability. It is almost inconceivable that at one time prior to a second serious back injury this man had been a public servant and at one time had earned in private business as much as $400 a week. Now he's totally dependent upon public welfare.

How does this state of affairs develop? How is it that this altered behavior in this viscious circle of personal, social and vocational dissolution comes about?

Now, I certainly would not profess nor be so bold as to say that these questions can be fully answered, but I think in the face of this man and his problems you see the prime, really the prime, stimulus for our need to understand this condition.

The reason for interest in research lies in its obvious value for the identification of the composition of disability. We cannot effectively deal with it and understand it if we do not determine its composition.

Certainly the desire for improvement of care, the satisfaction that one receives from inquiry to determine what has happened, how this comes about, how the states can be prevented or anticipated, these are natural aspirations of the art and science of medicine and, indeed, of all of you who would assist the handicapped.

I would like to state that the study of this condition you see epitomized here must be approached with appreciation of its complexity.

As one sees more and more of these people, we become cautious about assigning its full cause to some defect in personality alone, especially if the impact of chronic disease or injury is appreciated for its wide-ranging repercussions.

One thing is becoming clear to us. This state of affairs need not always result.

The next slide I want to show you is seven polio respirator patients. These people are staff members of the new institute.

Comprehensive care for the severely disabled, such as has been provided the person with respirator polio in the respirator center program of the National Foundation and in the many outstanding physical restoration programs of rehabilitation, particularly those that have been coupled with psychological and social and vocational professional

contributions, has really effectively assisted the handicapped person to reenter the lifestream of responsibilities.

I wish the light was brighter so that you could see the faces of these people, because it is in their achievements that we are more confident that disability is not measured in the extensiveness of physical handicap alone.

All seven of these people had severe poliomyelitis. Six were confined to the tank respirator. Five of these people still use breathing aids part of the day, and one of them, the young lady in the middle, is using an abdominal respirator constantly and during this picture.

Five of these people are nearly completely paralyzed. I would have to judge them as being totally physically handicapped, yet they are productive. They are happy people, and they are indispensable to our institution and to us.

The next slide shows you our receptionist. This young lady is only able to more her left arm sufficiently well with counterbalancing slings and this ball-bearing feeder to operate a telephone key and to handle any electric typewriter. She does a good part of my correspondence. She is exceedingly intelligent and charming and able to direct people and handle problems that arise, visitors, and the families that come to the institution, with great aplomb.

The next slide shows our business manager, who was a medical student in his second year when he got polio in 1952. He rules the institution, I must say, with an iron and a rather Spartan hand.

The next slide shows Miss Miller, who is our admissions officer and medical secretary.

The next slide. These three people have been judged as having total handicap. The little boy on the right has severe muscular dystrophy. The man in the middle, Morris Burns, still uses the respirator for about 18 hours a day, but he is the director of our Gulf Coast Poison Control Information Center.

Miss Connors was bedridden eight years with severe rheumatoid arthritis, unable to do any care of herself at all. Under the motivation that this opportunity to be of service to others represented in the Poison Control Center, she now works daily and earns enough to live independently.

Now, the next slide shows Stanley Bray, who is a part of our project. He is an A. and M. graduate of great football prowess, who got severe polio three years ago. He is confined to a wheel chair but, fortunately, has good arms and is able to handle our statistical equipment which is part of this project.

The next slide shows seven paralyzed men in tank respirators. These people epitomize the state of affairs of the ones you have just seen. They have among the most overwhelming states of physical incapacitation that a person may have, inability to move, to breathe, and totally

dependent upon others, and yet with total care, the assistance of nearly all of the health professions, elaborate assistive equipment, months of home care planning, most of the people are able to return home to some form of independent living, and actually more than half of the adults of the group of 250 adult respirator patients are now either gainfully employed or the mothers are actively engaged in homemaking.

Now, we really have dwelt upon the personal aspect because we are dealing with individual human beings, and it is in their achievements, in their ability to surmount physical handicap, to adapt to an altered form of life, that somehow the problem of physical disability must be studied.

Now, let us look at the arena in which we are attempting to study this problem of disability--this inability to participate in life's responsibilities and sample its rewards that characterizes that man in the first picture.

The next slide. This institution, the Texas Institute, was completed just in February of this year and has nearly two square acres of space and 240 people, of whom about one-third are professional people representing nearly every discipline in the health sciences devoted in its entirety to only 55 in-patients of the severely disabled type, the quadruplegic, paraplegic, hemiplegic, the person with severe respiratory or cardiovascular impairment that renders them unable to work in life.

The elements that I think are not unique and have been well emphasized by great contributors to this field like Dr. Rusk, however, ought to be reemphasized in order to further our perspective of the vastness of this problem of disability and treatment of it.

The next slide emphasizes the contact of the medical social worker with the person as close to onset of disease as possible. The social worker bridges the gap in a certain sense between the regimentation of the hospital and ordinary human affairs. He apprises us of the values and interests of the people that we are concerned with.

The next slide reveals the great care in the case of the severely disabled person one must take in resuming even such simple things as the upright posture. We may spend months in retraining an individual to tolerate the position of function, the upright position, and yet with all of this we must program with a great delicacy in a progressive way their resumption of activities, the expenditure of energy which they must make. All of this must be budgeted within a framework of their individual disease and of their individual personal and social situation.

The next slide shows occupational therapy. If you will notice, in many instances we have groups of patients together, because the next slide reveals a very important characteristic. Next slide, please. That is the interaction between people with like problems.

These two young ladies are sharing a room together. The girl in the foreground had severe polio this past Fall. She still has a tracheotomy tube in place in her throat. She still requires about 18 hours of

breathing assistance a day. However, she is up. She is cooking her meals. She is in a wheel chair learning how to maneuver about the kitchen arrangement she will have to face in her own home.

The other young lady in the background has been home two years. She has surmounted many practical problems in living.

In the interchange between these two people with the same kind of problem, far more effective therapy is accomplished than an able-bodied physician can achieve or a well-meaning person who says, "If you just have a little strength and courage you'll get better."

We feel that these comprehensive elements of care, of very elaborate evaluation of bodily responses, of the social and psychological behavior of the person, of their values of living, all of these things are important. Grouping of the individuals together with similar problems, progressive programming which fits within the changing tolerance of the person, all of this is a part of the art of comprehensive rehabilitation for the severely disabled.

Now, the next slide shows a very important thing, I believe, and that is our hypothesis of the rehabilitation method. Out of this experience one begins to realize that the essential desire of a program is that the person develops adaptive capacity to tolerate living responsibilities and to be able to sample satisfactions and rewards of living. And this capacity, this adaptive capacity, involves every fiber of the person, not only his body form of function but his intellectual and emotional activity, even his relationship with others and their opinion of him. Particularly the solidarity of the family itself plays a great part in this.

So that over a course of time the shaded area, which represents the assistance that must be given this person, which is very great at first, later on decreases as the demands of living, energy demands, emotional demands, any kind of demand that you desire, are increased commensurate with the developing adaptability of the person.

Now, why have I dwelt upon this? It is because if we are really going to understand disability, its natural history, we are dealing with a dynamic process in which not only is the form of a person altered but his manner of living, his tolerance to the responsibilities and activities of living, and this must be studied in two ways, what we call serially and longitudinally.

In other words, we have to cut across as many aspects of a person's behavior to understand why he acts a certain way at any given moment, and we must study him over a long period of time to see how he changes in relation to himself, not to a healthy person but to himself as he develops more and more effectively the ability to tolerate life and contribute to it.

Now, the next slide shows the doctor's classic view of disability, the serial X-ray of the development of progressive scoliosis.

But the doctor today I am certain is becoming more and more concerned with what the impact of this terrible condition of deformity is which started in this child in 1950 with very mild paralytic polio involving some of the back muscles, was quiescent almost until 1954, and then progressed to the serious deformity you see in 1958 in the lower righthand corner.

But, more than that, the doctor is also concerned with this child as a person, her possibility for continuing her education, what stress this places upon the family, what must be done to achieve for that child every opportunity to participate in life as a contributing person.

The next slide puts together the man in a very crude way our basic assumption. And that is in the ebb and flow of life one really cannot separate, except for the purposes of exposition, three basic aspects of man's behavior. The form and function of his body, the behavior of his body systems, his heart, his lungs, his chemistry of the cells, his emotional and intellectual activities and endowments, his sociologic behavior, and then, in between, the cement that holds these three aspects of human behavior together, his spirit, his vitality, his will to survive, that somehow keep all of this together and make the individual and unique in man.

When disease strikes that person, chronic illness, somehow these things are separated and come into full view. This may account for the fact that the man who overcomes some physical handicap enlarges his ability to function in the emotional or intellectual sphere.

Well, obviously, you can see we are dealing with a heterogeneous, complex thing in man. And I for one would certainly be reluctant to say that instrumentation and our own senses alone will be able to fully capture this changing state of affairs that characterizes the living person.

We are almost at the stage of attempting to duplicate a Rembrandt with chalk on a cobblestone walk. All we can do is perhaps sketch some of the bare outlines of human activity and how it is influenced by disease, and what things change together, what things change separately, what things are related, what things are not, in order to come up with some meaningful estimates that will help direct and plan our efforts to solve these growing problems.

Now, the next slide I am going to skip because we are short of time, and I would like only to say that the project that we now have in operation is designed to parallel the activities of medical, social, psychological, vocational people as they contact the patient and record in a retrievable manner all of their observations, measurements, tests, evaluations, so that we can have readily available and rapidly available summaries of the observations that we are now making upon human behavior.

The physician must somehow utilize the technological advances of this age to extend his senses to permit him to more accurately determine the changing state of illness and reaction of the person to illness, and

the only way we can foresee this is through the use of two things--increased measurement, measurement of bodily functions, and more rapid handling of this information so that the physician and those who are allied with him can take this expanding horizon of information and deal with it effectively and have time to continue to make judgments and decisions, because we are never going to develop a machine that has a tilt on it that automatically says the person is sick and filters out what to do.

We are only developing aids to expand our ability to make better judgments, to design better problems of inquiry.

The next slide shows how we are attempting to do this under our project, first as far as the functions of breathing, heart action and muscle function are concerned.

The individual who is being studied repeatedly and in a serial fashion lies upon this special table, and he is connected to devices, electrical and mechanical in character, that pick up his heart action, his breathing, the chemistry of his body, the changing chemistry of his body, the pull of his muscles, the electrical activity of the muscles, all of these different things simultaneously.

Then the next slide displays them in a graphic form on a recording console.

How, what we are attempting to do here then is to make a serial graphic record of the response of the organism to the stress of disease and to the stress of the treatments that we are imposing.

We are even now setting up to watch the pulse and the blood pressure and the breathing pattern of patients during the course of the full 24 hours from bedside stations which are connected to this master unit.

The next slide simply shows a close-up of how this is being set up. This has been a project that we have worked on for about six years now which we have been able to re-do under the support of our project and adapt it to particularly the study of rehabilitation programming.

Now, the next slide just gives examples of how this information can be put to practical daily use. This is the pattern of recovery of spontaneous breathing ability and the maximum amount of air that can be moved in and out of the lungs, the vital capacity.

You see the gradual and progressive improvement in the patient's ability to breathe.

Well, this is how we use a serial measurement to describe the person.

The next slide. This is called in medicine an "all hell" slide because there is so much on it nobody can understand it. The only reason I put it up here is to show you you are looking at many aspects of heart activity alone, the sound of the heart, the electrical activity of the heart, the length of time the heart spends in contraction.

You say, "What in the world has this got to do with rehabilitation?" Well, what it has to do with rehabilitation is that in carrying this out on many hundreds of respirator patients we began to realize that there are subtle changes in heart activity which may reflect injudicious treatment and give us better measures of how to individualize, so we can tailor more carefully the individual program.

What we are doing now is taking this kind of information and putting it in a form that we can get to it and not spend as I did about 18 hours getting this information together on one patient. We will be able to do this on literally hundreds of patients. This is what modern instrumentation can mean.

The next slide. Here, for example, we have developed a quantitative estimate of muscle strength and independent function. Now, here is a pattern which is nothing new to many old clinicians, but it is exciting to see it in a semi-quantitative form at any rate, and that is even though this person only has about 10 to 15 per cent of the body mass of muscles left and there is little increase in strength after 6 to 9 months, she continues to develop her ability to take care of herself, to perform independent activities of self-care and stationary activities concerned with communication, with feeding, and so on.

This is going to have a lot of impact when we collect a sufficient number of records of this sort and put them together and look at them with more accuracy. We will be able to predict better for you what to expect out of the patient's programs.

The next slide shows again the amount of variation. Here is a patient who the first two months of hospitalization showed little increase in tested muscle strength. It was only about 10 percent of the total muscle strength that one would expect. And after eight months of illness look what happened. She gets a spurt and increase of muscle strength, and at the same time she goes way up in her ability to handle independent living activities.

Well, enough of illustrations.

May we have the lights?

The point of all of this is that we must in medicine and in the health sciences learn to deal with an ever-enlarging volume of objective information, of subjective judgments and guesses, intuitive observations. We must learn how to put all of these things down in some kind of recoverable, retrievable manner in order to describe more accurately and predict more accurately the course of disease.

Now, why is this important? If one is permitted comprehensive care of the severely disabled polio patient, the achievements of the patients far outstrip those that have been chronically hospitalized for many years before they got into a comprehensive program.

In other words, we must learn what are the elements that make up this dissolution of not only the person but the form and function of this person.

How can we anticipate major problems before they develop? How can we develop corrective measures that are more effective and will shorten the total length of time that a person stays in this desolate form of life without hope, without the personal dignity that the individual deserves that we call disability?

Well, we are not by any means doing more than nibbling at the growing edge of the use of modern technique, in a guided-missile, nuclear age, for man's benefit, not his destruction but his benefit.

But we are sure that the more we are able to apply these techniques and learn how, at the same time, to keep our eye on the individual human being and his goals and his values, that somehow out of the combination of these things more and more disabled people can be retrieved, can reenter life, and can contribute to our welfare as well as their own.

Thank you. (Applause)

MR. MARRIN: Thank you very much, Dr. Spencer, and I have to take back a number of unpleasant thoughts that I may have entertained from reading the progress report that was sent to me concerning your project.

At this point I would like to say I am delighted to see that you speak English, sir. (Laughter)

When I read the progress report, I was so completely overwhelmed with the language I thought that this is going to be one of the most hopeless things in the world to attempt to discuss. And now I come here and find that we have had an extremely lucid, graphic, comprehensive account of a project, although I am sure there is a great deal more that Dr. Spencer would have given us had time permitted.

All of the things that I have thought about the language in his report have completely disappeared.

We do have a few questions. I am going to save most of them for my co-worker, Dr. Francis Harding.

One that occurs to me immediately is whether or not the techniques that are being developed at Baylor under Dr. Spencer's project are not primarily of value to the medical profession rather than to those of us in the ancillary professions on the periphery of medicine. Secondly, whether or not the cost of such a program--and the dollar sign always comes up--whether the cost is commensurate with the results. Is there anything in the progress to date to give us any estimate of that?

Thirdly, can you reduce human beings to IBM cards? I am very much interested in learning that.

DR. SPENCER: Don't you think we had better take the questions one at a time? I don't know if I can remember your questions.

Let's start backwards. First, reducing human beings to IBM cards is obviously an impossibility. However, I think we must not underestimate the ability to record the observations that many talented humans have in judging their fellow humans, and if this is the thing that we are attempting to put into a treatable form and see if this bears any relationship to other advances, other things that are happening to the person-- In other words, let's look at it this way:

A psychologist may say that Mary has a particularly lousy attitude today. She's irritable, she's confused, she does not want to participate in treatment. On the other hand, we may find out that Mary has evidence of a very high level of epinephrine and serum calcium is extremely high, and the behaviorial aspects of these things, the effect on the function of her nervous system, may account for her behavior.

On the other hand, the social worker may bring in the information that she received a letter last night that her husband is leaving her.

Well, if you expand the dimensions of your observation, your chance to get the things that are related and the things that are unrelated in time increases, so that this is a fishing net operation.

We have to use tools that permit us to expand this as rapidly as possible.

I don't think in a sense it is any more difficult than the concept of getting a man into space or hitting the moon or Venus so far as that goes-- the number of variables and particularly the ones that are not predictable. It is just that they have spent an awful lot more money on the problem.

MR. MARRIN: You have answered the cost question.

DR. SPENCER: That is a very pertinent question. I think we must say this: I think medicine is partly at fault for this. I think we have gotten ourselves trapped into the situation of having the value of what we do measured in dollars when it isn't that sort of thing. It has a dollar cost but not necessarily a dollar value.

I don't know how to value my children or the contribution of the educator to my children. So I can't say whether trying to cast out, to gain broad comprehensive knowledge of given behavior is going to pay dividends in terms of dollars. It's like trying to say, "Is education worth money?"

MR. HARDING: Dr. Spencer, Ladies and Gentlemen, I confess to about the same sort of feeling when I read the progress report that Mr. Marrin had. I turned it over to a consultant in my organization, the Massachusetts Rehabilitation Commission, who has written articles for medical magazines, and he had some difficulty understanding it. And I turned it over to Ed Callahan here who has a great big dictionary this fat in his room, and we started looking up some of the words, Dr. Spencer, and they weren't even in Ed's dictionary. (Laughter)

So I too was glad at a comparatively simple and appealing presentation by Dr. Spencer here with slides.

I think we all know in rehabilitation, those of us even who are not too highly professionally trained, that there are a number of factors between which there is an interplay of effect in the rehabilitation of any person. We see it quite often, I think, in a very simple case with which I think you are all very familiar--the person that has been too long on workmen's compensation and who is now satisfied to remain on compensation because he's getting enough to get by and his wife is working and so on.

These are effects for which the impact of physical injury is well recognized, and the impact of social things as well. The effect of the whole impact of the social world in which we live is, I think, exemplified in that particular case.

Everything that a research project does must be within the framework of some practical plan for the betterment of these vocational rehabilitation agencies' work.

I note that this is a progress report and I think that Dr. Spencer would agree it is very far as yet from being a practical application to rehabilitation agency work as it is now. I'm not sure at this stage that it is going to help us administer our programs on Monday morning. However, there is a great deal in the future which I think this will have a great deal of value in.

We all know that you have to know a person in a complete way in order to rehabilitate him. The question of reduction of this to IBM cards is, I am afraid, something I'm skeptical about.

I am not sure that Dr. Spencer is actually attempting that, but that was the way it looked to me on the brochure as I got it.

The cost factor has been answered. So far the cost seems to be rather more than at least the Massachusetts Rehabilitation Commission can afford for the tremendous number of people and the tremendous amount of work that is done on an individual. We have a great many people that we have to take care of, and, indeed, I am somewhat worried up in Massachusetts about the cost of our evaluation as it is.

Still, if we can reduce these things to perhaps a little bit more scientific way and make use of modern techniques in solving them, perhaps we can reduce the cost of rehabilitation in the long run.

I sincerely hope so and I feel that Dr. Spencer's project has this in mind.

Thank you very much. (Applause)

MR. SCURLOCK: We will take just a few minutes for discussion from the floor. I'll just ask if you have a comment or question that you stand and state your name, please, for the benefit of the recorder.

(No response.)

I thought we'd have a lot of discussion on this one.

I think I haven't seen a group of worse handicapped people anywhere than is pictured here on these slides.

I told a committee yesterday that it seems to me at home anymore that we get very little blame for what we actually do. We get blamed primarily for the things we don't do. And for some of these people we're not effective partly because of lack of facilities, know-how, funds or something.

I thought we were really going to get some discussion on this project.

Yes, sir?

MR. W. A. MASSIE: I wonder if the Doctor may have by any chance with him this afternoon any data regarding the average cost per case of the ones that were pictured on the slides.

DR. SPENCER: Yes, sir. I can tell you that. We did a study in 1954 of the costs of comprehensive care, including the cost of research that the National Foundation was subsidizing, the cost of supervisory personnel, every cost that we could arrive at.

Now, let me say this: The individual who received what we would like to believe was exemplary care, which was, of course, not a complete fact--that is, we had available everything that we could think of that needed to be done, every kind of person that had some special knowledge to contribute to the care of the patient as long as necessary to achieve what seemed to be a realistic goal for these people, individuals treated comprehensively from onset--going in respirators, having to stay in respirators for longer than one month, costs exactly one-third of the amount that had been spent on people brought into the hospital an average of two years after onset for results that were not at all comparable.

Now, let me say this: You can't compare people, and in medicine you can't take a series of people and neglect one group and do everything for the other. At least I can't. I don't think you could. But over the mass of statistics that the respirator center program has developed, which I am sure Miss Switzer is more familiar with than I, which numbers upward I would guess of 2,000 individuals now, I think there is one very important economic principle--that good care may be cheaper in the long run than custodial care, but this is a hard thing to sell. It is a hard thing to prove. And yet it is a self-evident thing to those who are working in the field.

Now, it costs to do an adequate job of medical care for the severely disabled upwards of $40, maybe even $60 a day, yet it may run this for just around-the-clock nursing; $20 for a hospital room for three to five years until they die.

So this is a reason as a physician perhaps I am a little bit hostile and bitter about this cost business, because we should measure the costs more in terms of arbitrary values that people set up for good medicine and for the outcome that they desire rather than just looking at the per-day costs.

The other thing is that we want to insure that these totally disabled people have an opportunity to contribute to society, because they are capable of it. The measure of a man is not ability to walk anymore. The man in space is going to be just as handicapped as these people. In fact, one of them who was an engineer pointed this out to us--that we had better learn a lot about how man reacts and adapts to incompatible situations.

So it's hard to assign cost to a situation as complex as this. All one can say is that if you look at the achievements of the patient--that is the reason I showed you these people first--if you look at their achievements I don't think you have any question in your mind, because you are dealing with people.

MISS SWITZER: Mr. Chairman, could I make a comment on this cost business? I think that you know you pay the cost one way or another. It is hard to justify the standards of our program over the years, the kind of money that is represented in the rehabilitation of these cases that you have seen. But you and I are paying for these no matter what happens. We're paying for them through our contributions to the National Foundation when they are supporting these cases in hospitals all over the country. We pay for them on relief. We pay for them in many ways.

While in the rehabilitation business we do have to justify our rehabilitation budgets when we are talking about them in this kind of a setting, I think we ought to remind ourselves that the cost is being paid out of our collective resources.

Certainly I agree with Dr. Spencer that good care is better than bad care and less expensive.

And one further point on the relevancy of this study to our public program of vocational rehabilitation:--Anything that adds to our ability (a) to make more effective planning for an individual or (b) to measure progress as we go along will eventually cut the cost of a case. And sometimes the more fundamental the research in detail, when the sum total of the facts are in, it has been, I think, quite observable in many other situations that sometimes the most far-fetched fact has the most direct bearing on a practical problem once the study is completed and the facts can be related to the questions that we are searching for answers to.

MR. SCURLOCK: If there are no further questions or comments, we will move on.

Dr. Spencer, you made a tremendous contribution. You presented us with a lot of information and a real challenge. Thank you,sir. (Applause)

Now we come to the last project. The last project is work potentials of nursing home residents over age 45, a county-wide project.

Dr. Wilma Donahue, Chairman of the Division of Gerontology, Institute for Human Adjustment at the University of Michigan is the Project Director.

I am going to ask Dr. Donahue to come up, if you will, and the two discussion leaders, Dr. Francis Cummings and Ralf Peckham. Mr. Jarrell was listed on your program. Mr. Jarrell is ill. Mr. Peckham is substituting for him.

Dr. Donahue did her work at the University of Michigan, took her Doctorate there in Psychology. She is Director of the Bureau of Psychological Services, and since 1949, as I indicated before, Chairman of the Division of Gerontology in the Institute for Human Adjustment at the University.

She served as a director of a number of other projects and has written widely in her field.

We are happy to have you with us, Dr. Donahue.

DR. DONAHUE: Secretary Flemming, Miss Switzer, and President Scurlock, Members of the Council: First and foremost may I say that this project I am going to talk about is centered around county hospitals rather than strictly nursing homes as we know them today. This, I think, makes a slight difference perhaps in your thinking about it to start with.

It is a research demonstration and I think is particularly appropriate to the conference theme--that is, broadening the concepts of rehabilitation--because it deals with a group of people whose special needs are unlikely to be met without modification of current concepts and action programs.

I'll report only on that part of the study which deals with the group of patients in a county hospital, 45 percent of whom are 75 years of age or over and 55 percent 65 years or more old, an age group seldom considered to be a target for vocational rehabilitation.

In this brief report, then, of a complex three-year project supported by an Office of Vocational Rehabilitation research grant, and now in mid-stream, it is necessary to select for discussion only the phases of the study especially pertinent to the conference. I will therefore restrict the report to (a) the over-all purpose of the study, (b) procedure, (c) the major characteristics of the population studied, (d) participation in the rehabilitation program, and (e) some of the outcomes. Finally, if there is time, I will illustrate with a few case studies and suggest some problems needing consideration and solution.

The purpose of this project, which I might say has had the continuing interest and the assistance of our own State rehabilitation office as well as Miss Switzer and her staff here in Washington, is the demonstration and measurement of the extent to which financial, personal and social dependency of patients aged 45 and over in county medical care facilities can be reduced by the rehabilitation of their functional abilities and by retraining and utilization of their vocational skills for use within the hospital setting or in the community.

To satisfy the research designs for the study, three institutions in as many counties were selected which matched one another in such characteristics as size of hospital, cost of care per patient day, number of professional skills of the staff, administrative policies, number, sex, age, physical status, and type of disability represented in the patient census.

Initially, two of the three hospitals are serving as experimental units, and the third is being used as a control. Later, we will also use the control as an experimental hospital, and it will then be its own control.

The present discussion will be limited largely to only one of the three hospitals--that is, Jackson County.

The first phase of the study was to make an assessment in all three hospitals of the physical, psychosocial, and vocational status and potential of the patients aged 45 and over by means of objective tests, interviews, medical examinations, and so on.

The same type of assessment in all three hospitals is being repeated at the close of the rehabilitation and control periods, thus providing before and after data for comparative study.

The second phase of the study was the institution of an intensive rehabilitation program in the experimental hospitals. The medical team offered treatment to restore physical independence and to reduce disabilities interfering with work performance, and the vocational rehabilitation staff introduced an extensive activities program designed to improve personal adjustment and work attitudes, tolerance and skills.

Components of the activities program included a sheltered workshop within the institution, a craft program offering training and skills needed to produce saleable products, and a social recreational program to improve communication and social interaction.

The work training programs and the physical restoration programs were, of course, correlated to insure the setting of realistic vocational goals and the maximum development of residual potential.

The third phase of the program which we're not into yet will be the comparison of the before and after data. I won't say anything more about that for the present then.

Now, the characteristics of the population. In order to save time I have had distributed to you a table which has some of the major characteristics on it. And just to call your attention very briefly to it then, you will note the age which I have already mentioned is high, that there are relatively very few below age 64, and I think there are two in the late forties, and the others are above that. Only four of these people had families. So they are essentially a rather socially bankrupt group as well as financially and healthwise too.

Sixteen of them out of the total of forty, I might say, had children. But few of these were in close contact with the members in the hospital.

Many of them lived at remote distances.

They are relatively uneducated. Their previous occupations were unskilled or semi-skilled for the most part. Many of them had been in the hospital a long time.

Most of them had a multiple number of disabilities. The most frequent diagnosis was that of neurological disorder of one kind or another, and there was a good deal of deformity, arthritis, and other kinds of disabling disease.

You'll find on page two some of the general ratings with regard to their functional status. A good many of them were fully independent, but some 30 percent needed either total or partial assistance.

Most of them were fully independent as far as getting around is concerned, but again better than a quarter of them needed some assistance or total assistance.

There was a good deal of disability as far as their hand action was concerned, as many as 42 percent having some hand disability.

And, finally, we made prediction ratings based on a compilation of all of the data which we had. I wish we had some of Dr. Spencer's fine methods of approaching this. I was entirely intrigued with the possibilities that he is developing in his program of getting all of this data flowing into a system where one can turn to it and get some actual measurable changes, which is exceedingly important.

These prediction ratings are not so skillfully done. They did represent the best judgment of the team which we had a good many expert people involved in.

But, as you will see, we thought that at least 30 percent of them would need to have continued long-term care and 62 percent would have to have some kind of supervisory care, while we anticipated that no more than 5 percent would probably be able to be rehabilitated and proceed without any kind of supervision.

Well, so much for the characteristics of the population. You can see that it was one that would tax anyone's ingenuity to have confidence to proceed from this point forward.

Now, working then in cooperation with the medical and nursing staff, the vocational rehabilitation team initiated the activities program which was open to all patients, although each person was urged to select the activities preferred and to determine the extent of his or her participation.

All together we held 73 craft training sessions, and 18 social events, thus offering a total of 202 participation opportunities.

Now, unfortunately, of course, it wasn't possible to do a very accurate judgment as to the amount of participation, because sometimes it depended upon how soon we could get to the patients to motivate them to participate. Sometimes they were ill and actually out of the hospital for other kinds of care and treatment.

But I would like to just summarize by pointing out a very interesting fact that the women participated very much better than the men did, and they also showed considerably more improvement. You put two and two together, I think, and can decide whether we are more rugged and get along better when we work or whether or not participation did have a real effect.

The sheltered workshop jobs were provided through contracts with four companies. The same payment for work done was obtained as would have been made by the industry if its own people, own employees, had done the work.

On the basis of examinations and performance of patients in simple tasks, the jobs were broken down to units which could be handled by patients with various disabilities.

I think I will show you just a few slides.

In the first slide, as you can see, it is a very old county hospital, and we literally didn't have any room in it. We worked in the halls. They dug out little bits under porches for us and made all the room possible.

But I think this is very important, because, in spite of having neither room nor facilities nor trained staff, when we started, we were able to achieve a good deal.

Now, this is the sheltered workshop. This is a little operation we did in relation to a toy cash register. This was making the part that shows when you make a sale or cash sale and so forth when you punch the key.

We were able to break this job down. It started with the wooden dowel, which had to be sawed into certain lengths, and then a hole bored in the end, and then we had to sand off the burr which was left by this process.

In this picture you can see the dowels. You can see the gentleman with the paper which has to be pasted on and the little track which we built for them.

Beyond this we had to count these things, we had to package them, we had to bookkeep, and so on.

So the most interesting part as far as we were concerned over and above the fact that they made some $413 on this job--and this had great repercussion on their general feeling--the fact was that in two hours when we first started the job they managed to get about 250 of these made. When we took them back to the company, they said, "Well, this is the best we've ever had done by people outside the company before." So when we told the patients about this the next day, they produced 2,500 in the same length of time.

The fact that here was a task which they could do which had some real value and was appreciated by society was, to say the least, real elixir.

This just shows another set of people at work on this same task.

Here is a group sanding.

I started to tell you what was interesting to us particularly in this project. We could get the relatively deteriorated, the seniles particularly, into this picture, and they could sand off those burrs, and it brought them together in a social experience. It did a great deal to revitalize them to a more active interaction with one another.

The craft training program was likewise one of a great deal of interest. We were able to teach 14 different crafts, and the standard of saleability was used as a measure of when a skill was satisfactorily learned.

Now, we anticipated that thelearning of new skills by the physically and mentally handicapped elderly patients would present considerable difficulty. However, all 32 patients, including seven hemiparetics and nine with chronic brain syndrome, learned one or more skills sufficiently well to produce saleable items.

Here is a craft workshop. It is in the same room you just saw of the sheltered workshop. This was how crowded we were.

They are doing not unusual things. This man is a very serious heart case. He worked continuously on the projects all the time we were there and showed no increase in his disability. He's weaving bath mats here, which he was able to sell at a very satisfactory price.

Here is a man who is really very senile. He looks like a nice old gentleman--and is. He is weaving a yarn which can in turn be made into rugs. All he has to remember to do is to move a weight before it strikes the floor, and this he can do, and he became very, very much more settled and comfortable as a result of this activity and realized that he was contributing to the general matter of earning some money and doing something in the institution.

These are rugs which have been made.

This is the room they dug out under a porch for us.

The most important part I want to indicate really is that we undertook to give a good deal of activity to involve these people who were sick, who were getting retraining, who were getting medication, and at the same time to change their outlooks and to develop new skills and new interests in the matter of simple living within the institution.

We didn't do very much talking with them at this time about getting out of the institution. We let them speak to us about it if they wished. But the main thing we were interested in doing was getting them the best possible physical condition, the best restoration of function possible, and the reactivation, reinterest, retraining in habits of action and activity, and getting them out of those rocking chairs which they were so proficient in using when they first came into the hospital.

Now, what about some of the outcomes?

Complete results of the six-month rehabilitation program are not yet available, because the third phase of the project, which includes the placement of patients deemed to be eligible for discharge, is not yet complete. Some outcomes, however, can be reported now.

What about thepersonal adjustment?

Well, at the beginning of the study, the common hospital pattern of frustration with idleness, close proximity in living quarters, lack of opportunity to achieve recognition or status within the hospital was causing many expressions of hostility and overt aggression among the patients or leading to withdrawal and isolationism.

During the course of the program, however, the bickering, quarreling and bodily attacks upon one another decreased. Cooperation with the staff improved markedly. Demands upon the nurses were reduced.

In terms of dynamic psychology, the ego of the patients was strengthened, and the super-age reactivated in many instances.

A patient improvement index computed from ratings made by six-day nurses who knew the patients best showed that with the exception of one patient all members of the study group improved in one or more of the categories rated. The women patients showed higher average improvement scores than did the men.

For both males and females, higher improvement scores were recorded in psychological behavior--that is, morale, sociability, cooperativeness, participation in the hospital life--than in activities more directly related to health such as appetite, complaints about health, demand for medical care.

Both men and women improved their levels of self-care and personal appearance, and to about the same degree.

In order to measure the changes in social interaction among the patients, a sociometric technique was employed. At the time of the first assessment, and again at the final one, patients were asked the following questions:

Number 1. With whom do you like to visit most?

Number 2. At whom do you get the maddest?

I don't know whether you can see these two sociograms or not. This is the initial state of affairs. This outer ring represents a zero rating. This means that no one in the institution chose anyone falling in this outer ring. They were isolated.

This side represents men. Only four men were chosen as much as once.

Only one woman was chosen as much as once, and one chosen as many times as twice.

There is practically no interaction apparent. No one likes anyone else.

The red lines represents antipathy. They are the ones that they get maddest at.

So this represents not even very much expression of antagonism. There was plenty there, but they didn't express it in this way.

Well, at the close of the project you see quite a different kind of situation. We have produced a male star, a man who moved--number four--who moved in from this outer ring, an isolate, into the center of the group. You can see the number of times he has been chosen. He became a leader because he was a very effective person in the workshop program and was very helpful in assisting other people. He became very much liked.

You will notice that not only was he chosen a good many times directly, but number three also moved in one and was chosen a good many times and brought in with him some additional individuals, so that you have six or seven men here forming a constellation of people with some mutual liking for one another.

You will notice also that we worsened the position of one of the women. This is Orabelle Case. She was here to start with. Orabelle was the one with all the frowsy hair in the picture which you just saw. She is manic depressive psychotic, in the manic phase largely, and when she was being rated at this time she happened to be in one of those phases. At another time she probably wouldn't have suffered any more than she did now. But when she is manic she's really quite objectionable, so you see her getting all the antipathy from this side.

Also notice the decrease in the number of people who are not chosen, which means that all together we did at least increase a good deal of the socialization in this group.

Now, what about some of the outcomes of the work in the craft training programs? I would like to go back to say we also feel that it's good if you have the negative expressions, because it at least indicates that life has become worth reacting to, and this is something that means that we're making inroads, that we're reactivating the personalities and the egos of these people enough to respond. And so even though we have a good many red lines, this is not indicative, I think, of a deteriorating social situation.

The results of the retraining programs are to be understood, I think, not only in terms of work done and money earned but also in terms of the therapeutic effects upon human beings who are so severely disabled that they have given up hope of ever again earning or, more importantly, of being rated as useful individuals.

The 32 patients who worked in the sheltered workshop earned $451 during the fifth of the five-month period, and of this sum the patients were paid out of it and equipment and supplies were purchased. We also still had $100 or so in the fund when we finished our part of the program.

A unique outcome in the workshop program I have already mentioned is the utilization of the senile patients as well as the people who were in much better mental status. This was a great surprise to the medical group that worked with us, and when we moved into our second hospital they rated people very differently than they did in this first hospital before they had discovered the influence that participation in activity can have upon the senile patient.

In general, we believe it can be concluded that people of advanced age with numerous serious physical and mental limitations can benefit in many ways materially and psychologically from participation in sheltered workshop activities, and it is suspected that the gains are enhanced when the work is carried out as a group project.

I might just say in saving time that similar results have come out of the craft training programs and that in a single afternoon the patients made $203 at a Halloween Fair which they held.

The people were very eager to learn crafts after they found that these could also be turned toward earning a few dollars.

Now, the physical status and physical independence of the patients was also increased.

Two of our patients died, and one was transferred to another hospital. But of the remaining 37, the medical research team reports that all have achieved their potential level of functional efficiency and independence.

As already mentioned, one-fourth of the group, or nine patients, need continuing care in the hospital. The other three-fourths are considered able to manage in some other type of setting. Thus, hospital beds are freed for occupancy by other disabled persons who in turn can be helped to achieve higher levels of self-maintenance and greater independence.

Of the patients in need of ambulation, there were eight. Three were completely restored, and two partially restored. This means they still need some assistance.

In the matter of elevation, eight were unable to go upstairs. One was completely restored, one was partially restored.

With reference to dressing, six needed assistance and retraining. Two became completely independent, three partially restored.

In the matter of personal hygiene, eleven needed assistance. Five were made completely independent in this matter, and five partially.

In eating, four out of six were made essentially independent.

Now, of this group, we are discharging a considerable number. Not all the patients, of course, achieve the same degree of physical independence, and, therefore, we are engaging in finding a variety of placements and establishing different goals for some 28 of the 40 deemed feasible to discharge at the present time. Twenty-eight of the 37.

Seven of the patients have already been discharged to their own home or independent quarters. Five are in boarding homes. Five are planned for foster homes. Seven we're looking for suitable nursing homes for. And four we are looking for nursing homes that will give care for stablized patients.

Now, the very success of the efforts to rehabilitate the patients physically and psychologically to the point where they can live more economically outside the hospital setting has created a difficult problem for us. The patients' lack of family and financial resources, their advanced ages, their chronic illnesses and permanent residual disabilities, their mental confusion and intellectual deficiency, all these things limit their ability to move into a completely independent status.

We are, therefore, confronted by a group of people who do not need to utilize expensive hospital space and care but who at the same time are not able to live without some assistance and/or supervision.

To make the situation more critical, when their health returns and patients learn that they can take part in activities, can earn a little money and can enjoy life again, the desire to live outside the hospital and to take the highest possible degree of responsibility for themselves becomes clearly manifest.

It is at this point, however, where society has yet to broaden its concepts and to take action that will provide the climate in which the chronically ill and disabled, especially the elderly, will find available the resources and opportunities to meet their special needs.

It is still a rare community indeed that has developed an integrated constellation of medical care and rehabilitation services that insures each chronically ill and disabled person the kind of dynamic care he needs to restore and maintain his potential to the highest degree of independence of which he is capable.

Few communities in the United States have as yet built the kind of housing or developed the types of special living arrangements in which elderly persons who need only a minimum of supervision can find it. Likewise, still almost non-existent are community services which would bring to the elderly living in their own homes or in other non-institutional settings the professional skills of physical and occupational therapists and visiting nurses or other health-fostering services such as homemaking, shopping, visiting, and so forth.

It is also still a rare instance in which special work programs for elderly people are provided in the community, and except in demonstration programs such as the one I've been describing, sheltered workshops are unused for therapeutic purposes.

Likewise, home-bound vocational programs are limited and, like other prevailing rehabilitation programs, are directed largely toward making younger and middle aged adults self-supporting.

A further limitation of our rehabilitation home-bound programs is that usually this kind is given supervision and direction only so long as learning a craft. Yet, among the elderly who are not completely independent, who are often without family assistance, help in buying materials, servicing equipment, and marketing products is essential to the continued productive occupation of their time.

Local offices of vocational rehabilitation and field agents might, I think, consider the organization of rehabilitation auxiliaries among community volunteers who could be trained to supply the needed continuing oversight and assistance. Thus, there would be required no more than an occasional visit from the professional rehabilitation worker.

I might say that these problems I have been enumerating are the ones which are confronting us in our Jackson program, which will confront us in our Washtenaw program, and in our Kalamazoo program.

We are confronted, in other words, with discharging patients from a stimulating, varying environment, where every effort has been expended to help them achieve and maintain personal independence, to the type of situation which fostered their illness in the first place. The monotony of the four walls of the same room day after day, the failure to gain recognition from others, the lack of work or other types of occupation of time, and the absence of stimulation to maintain function are just as devastating after rehabilitation as before it.

Obviously, then, human happiness and the social welfare of the country require the invention of new ways to assist the elderly ill and disabled to help themselves lead lives in which usefulness, happiness and independence are essential ingredients. And I believe that you and ourselves as rehabilitation workers have this as a very real responsibility and one that, if we use our imaginations, we can meet and solve. (Applause)

MR. SCURLOCK: Thank you, Dr. Donahue.

I think I didn't introduce the order of the two discussants. We are quite limited for time, and I'm going to ask each of them to limit their remarks to about three minutes.

We will take Ralf Peckham first.

MR. PECKHAM: Dr. Flemming, Miss Switzer, Dr. Donahue is regarded as Michigan's most outstanding research investigator in this field, and I'm real happy to be able to follow a Michigan citizen at this moment who has something very positive to say in the way of accomplishments.

We have some negative exports from Michigan, as you know. But what we do there negatively we do with the same vigorous enthusiasm as Dr. Donahue has done in her research project.

In fact, in politics we are pursuing futilities with a kind of enthusiasm that is incredible.

But back to the project itself. I'd like to spend just about two or three minutes on the economics which were not particularly presented by her and which were referred to a little bit earlier in the afternoon presentation of the previous panel.

Our budget director was in to see us about this project in which we have been cooperating with Dr. Donahue, because the research that she is doing today could very likely be a State service tomorrow. And he was

concerned. We had long since been able to sell him very well on the economic aspects of general rehabilitation, but he wanted to know what was implied in the kind of things that were going on over at the University of Michigan.

I was kind of waiting for him on this and was able to give him some Michigan statements in this field. I told him about the $100,000, the $100,000 that we all pay as taxpayers if a person with disability is maintained a lifetime in a custodial convalescent facility, and that if we are to attack this kind of a problem with an accelerated investment for a brief period of time, perhaps we could make very material savings.

Dr. Donahue has indicated the number of beds that are being vacated now. There are so many more individuals of the type she is talking about that are up in private homes who are occasioning great difficulties to the families, economically, spiritually, every other way, and need physical medicine approaches, who are now bedfast but who might be made ambulatory once again, who, if the implications of this project are actually translated into program, will have this kind of life ahead at considerable savings.

It was my thought to the budget examiner that it would be kind of a reckless use of public funds to permit convalescent idleness to go on year after year after year and that it might be far more appropriate to do something about the implications that Dr. Donahue has given to all of us.

Thank you. (Applause)

DR. CUMMINGS: Listening to Dr. Donahue, I was reminded of certain cases that I myself am rather familiar with. They are not as severe as most of the ones she discussed, but I think they might illustrate the point that we're trying to make or carry it perhaps a little further than the point she was trying to make.

We had over the past few years at home several cases referred to us that had been given up completely by the medical profession. They themselves had given up any thought of actively participating in society, certainly not in the work of society. And in most cases, of course, this sort of referral is pretty well tagged when you get it.

But in at least three cases I think of, the tag was wrong, and I am reminded that even with some of those of advanced age in Dr. Donahue's study, maybe the tag could be wrong. Maybe with time and patience, eventually it will be not just restoration to life, so to speak, but they will be restored to production and to economic living.

We had a man who was rather prosperous. He was living down in Florida, as a matter of fact, while the prosperity was on. I believe he was on the racing commission down there. He was stricken. He got a stroke and was pretty well paralyzed on one side.

He came back to Delaware where his people were living, and he was pretty well depressed--in fact, to the point of constantly threatening suicide.

Well, it's usual when they threaten suicide they don't carry it out, so maybe it wasn't as bad as it appeared, but at least he had that in his mind, was talking about it.

He was referred to us. His eyesight, along with other things, was pretty well gone. At first we didn't know what we could do, but we thought just to bring around a little mental hygiene restoration there that we might work on him.

We sent our particular workers out. Well, to make a long story short, after a long period of time we got this fellow interested in doing some little thing with the remaining hand, and he is now in the workshop, in our sheltered workshop, and is producing and is earning and is tickled to death to think that he can do something. He can never do a great deal probably, although who knows? There is still time ahead.

But there is a case of a handicap as serious as some of those that Dr. Donahue referred to who by persistence and by persistence on our part too, the part of our workers, has shown that something can be done. We were able to do that in our little State perhaps better than most of you would be, because of our relatively small case load. But that we did, in any case.

There was another sometime back who was completely crippled, almost so just a few fingers could be moved, completely crippled with arthritis. He was bedridden, of course.

When we were called in, he had lost his sight. Before that he had been handled by the rehabilitation division. They carried him as far as they could until he was completely gone apparently. But we thought we might be able to help him with some sort of mental hygiene or perhaps something from our home teachers that would buoy him up a bit and get him back into the way of life.

Well, it turned out that our rehabilitation counselor, the one that went in there, had an idea that fellow, whose brain was still very good, might be brought into salesmanship somehow.

Well, he worked the project out, and, again to make a long story short, since Voyle is in a hurry here, we brought in an expert from Pennsylvania who had done this sort of thing with the blind for many years, and this fellow got the arthritic interested in opening a magazine agency.

There, on his back, he could just about dial a phone. He was taught by our counselor how to do that with his disability. He could dial the phone. His mother at first helped him to keep the lists of possible clients, and so on, and he proceeded and he built himself up quite a business in magazine subscriptions. He hired a secretary then and relieved his poor mother of that chore.

He lived on for six years. During those six years he was a relatively happy and certainly productive citizen, who depended on nobody for his keep.

So that there are cases then of these apparently completely done-for folks who, if given a try, can bring themselves back into the economic swing.

One of the speakers on an earlier program mentioned that this sort of thing costs an awful lot of money and shows no return or very little return. Well, I think our experience has indicated that we don't know quite what returns it might show.

It is true that if the returns are only moral or spiritual, still I think they are worthwhile.

We spend enough more money on things such as guns and what not to destroy people. I don't think it would hurt to spend a little bit to build people up.

In the two examples I gave you--I have more but I will hurry--I maintain that the spending of this money for building of human beings--after all, that is what society is for, I think, rather than for war or even business. Society is for human beings. If it isn't, it isn't for anything and isn't worth having. So that whatever we spend, as Dr. Spencer obliquely indicated, whatever we spend, if it brings Lazarus back to life, is worth spending.

Thank you. (Applause)

MR. SCURLOCK: I would like to express our appreciation to Dr. Donahue and to the two discussion leaders. I wish we had time to discuss this project at some length, but time will not permit. But we are deeply appreciative of the presentation.

I think the fact that the Secretary has been sitting in with us this afternoon is an eloquent expression of his deep interest in our problems, and our program. I'm going to ask Mary if she will present him at this time.

MISS SWITZER: Thank you, Voyle.

Mr. Secretary, I really introduced you this morning when I was describing our budget process and the manner in which you were able to fit in the Department's program for the next year with the very vital considerations of inflation and the economic well-being of our country. And so many of our State Directors have had problems of similar magnitude of their own so it was not hard for them to understand.

Today we've been trying to describe, and quite effectively I think, the relationship of our project program and our cooperating non-public agencies with the public program of rehabilitation. It so happens that the three projects presented are very deeply involved in the older

handicapped person. And I am sorry in some ways that we couldn't have had a Council meeting where we had the exhilaration of great controversy, but at the moment we're not in one of those states in the public program of rehabilitation, and some of us who have been through that perhaps are a little surprised.

We are all appreciative of your willingness to sit with us, as you have this afternoon, and we are deeply grateful for the opportunity of having you close today's session.

Mr. Flemming, as you know, has been a member of the Executive Branch of the government in many capacities and has been a faithful and constructive supporter of everything that we in this Department, and especially in rehabilitation, hold very close to our hearts.

So it gives me great pleasure to present to you, as we used to say in the old days in the Treasury, The Honorable, the Secretary of Health, Education, and Welfare.

(Standing ovation.)

SECRETARY FLEMMING: Mr. Chairman and Miss Switzer and Friends: I'm delighted that I have had the opportunity of sitting in with you during this session this afternoon.

First of all, as the Secretary of the Department, I want to extend to Miss Switzer and her associates and all who work in this particular area in the States, my heartiest congratulations on the recognition that has come to this work through the President's Committee.

I noted that Miss Switzer in accepting this particular recognition said that she was accepting it in behalf of all who are associated with her in this particular area. I knew that she would react in just that way, because that is characteristic of her spirit. And I'm sure that she would say that this recognition has come primarily as a result of the work of her associates.

But I'm also sure that her associates would concur in my feeling that this recognition has come because of the farsightedness and dynamic leadership that she has brought to this very, very important program. (Applause)

I have been very much interested in listening to the presentation and discussion of the two projects that have been under discussion today. It seems to me that both of them are eminently worthwhile. It seems to me that this is the kind of pioneering activity that is required if we are to move forward in a significant manner in this area.

I would like to express my own personal appreciation to those who are in charge of these two projects for the contribution that they have made and the contributions that I am sure will be made in the immediate future.

As I have listened to the presentation of these two projects, they have served to underline anew for me the fact that those who are participating in the program of vocational rehabilitation are participating in what it seems to me must be one of the, if not the most, satisfying activities that anyone could possibly participate in. I do now know of anything that can possibly bring more satisfaction to us during whatever period of time we may have the opportunity of living in this world than to help others realize their highest potential.

That is just what you and all who are associated with you are doing day in and day out.

I just don't believe that there is any satisfaction in life that can compare with the satisfaction that comes to one as a result of knowing that he's helping someone or a small group or a large group move in the direction of realizing their highest potential.

I have been very much interested to note that in connection with the discussion of both of these projects reference has been made to the fiscal aspect of the program. I'm not surprised. I'm very much aware of the fact that in the States, in many of the States of this country today, there are serious financial problems insofar as the operation of State government is concerned.

And, of course, as citizens of the United States, all of us are aware of the fact that the Federal Government is presented with some serious fiscal problems.

I judge from Miss Switzer's introduction that she engaged in some discussion along this line this morning.

I know that as we think in terms of the tremendous opportunities that confront us, and then as we are also called upon to think in terms of some of the fiscal limitations under which we operate, that at times it is a little bit frustrating. I think, however, as one considers the vocational rehabilitation program, as it has grown and developed over a period of the last few years, he cannot help but be encouraged.

There is no question at all but that very real and very substantial progress has been made.

At the same time, all of us are aware of the fact that we are not as a society by any means taking full advantage of the opportunities that exist in this area. We know deep down in our hearts that society should be making a much greater investment in the activities in this area than it is making at the present time.

We are thankful for the progress that has been made, but at the same time we cannot help but have a feeling of dissatisfaction as we think in terms of the opportunities that confront us.

This being the case, what do we do about it? What is or what should be our approach?

Well, I start with this assumption: That society is a long, long way from traveling the second mile in order to help our fellow human beings realize their highest potential. There isn't any question in my mind at all but that day in and day out the society of which we are a part constantly reflects a warped sense of value. We spend large sums of money on luxuries. We pass by on the other side of the road in order to avoid facing up to the opportunities that we have to help our fellow human being. I start with that assumption.

But then there is another assumption that I keep in mind, and that is this: That if we can succeed in presenting to our fellow human beings in an effective way the opportunities that they have for helping others to realize their highest potential, many more will respond to that opportunity and many more will be willing to travel the second mile than are doing so at the present time.

I have that much faith in our fellow human beings.

And I feel that time and again the reason our society reflects a warped sense of value is because of the fact that some of us have not succeeded in presenting effectively to our fellow human beings the needs that confront us and the opportunities that exist for dealing with those needs.

And so my third assumption is that in this and in all of the other areas of health, education, and welfare we have an obligation to do a better job than we have done up to the present time in terms of pointing up the needs that exist or, to put it another way, and this is really a more positive way in which to put it, to point up the nature and the dimension of the opportunities that confront us.

And then I proceed to my next assumption: That we need to do a better job of identifying how private individuals, private groups, community governments, State governments, and the Federal Government can make it possible for society to take advantage of the opportunities that confront it.

I believe that if we start out on the assumption that our fellow human beings are willing to respond to opportunities to help others, that if we proceed from the assumption that what needs to be done is to give them a better concept of these opportunities, and then if we proceed from the assumption that we need to do a better job of showing how individuals and private groups and public groups can play a part in taking advantage of these opportunities, that we will get the additional resources that are needed if we are to measure up to our opportunities.

In other words, all I'm saying is that as we go through what we regard as a rather difficult period as far as the fiscal aspects of State government are concerned and as far as the fiscal aspects of the Federal Government are concerned, we really don't have to feel the least bit discouraged, and we really do not have to apologize for continuing to press for added resources in order to make it possible for us to take full advantage of our opportunities in the field of vocational rehabilitation.

I can assure you that as far as the Federal Government is concerned we're going to continue to do everything we possibly can to help you and to help those who are associated with you move in the direction of the objectives that have been established for this work.

And I can assure you that even though it may be necessary for us to present our requests within the framework of a rather tight fiscal situation, that we will do everything we possibly can to underline the fact that, after all, there isn't any better way of investing whatever resources we may have than in this kind of a program.

As I said earlier, I believe that society must go much further than it has gone in investing its resources in programs that are designed to help our fellow human beings realize their highest potential. And I have no hesitancy in saying it. I have no hesitancy in working toward that kind of an objective. And I have no apologetic feeling as I do so.

Our resources may be limited, but we're not dividing up those resources--as a society now; I'm not talking just about government now--in the way in which we should if we believe that life's most important mission is to help others realize their highest potential.

I think that we can, with the spirit of the crusader, insist on society cutting down on expenditures along certain lines, particularly as we think of the luxury items of life, and using those funds to help make it possible for others to realize their highest potential.

We're on solid ground when we insist on it. And I think that that is just exactly what we should do.

Now, those thoughts simply grow out of some of the experiences that I have had during the past few months.

All I would like to say is that I am happy that the Director of the Budget and the President accepted our recommendations for continued progress in this particular area. I am happy that the Appropriations Committee of the House of Representatives has agreed with those recommendations. There is no doubt in my mind but that the Senate Committee on Appropriations will do the same thing.

So that as we move into 1960, as far as the Federal resources are concerned, we will have more of them than we have available in 1959. And I believe that we'll have more available in 1961 than we'll have available in 1960.

In other words, there isn't any doubt in my mind at all but that we can and will continue to more forward.

Now, as I have the opportunity of meeting with groups like this that have the responsibility for carrying on the programs through our State governments, I always like to participate in a question and answer period,

because it is in this way that I can find out what you are thinking about, and it is in this way that I can make sure of the fact that I am commenting on the things that you would like to have me comment on.

And so I'd like, if you're willing, to take a little while for a question and answer period.

You probably will fire some questions at me that I will want to turn over to Mary Switzer, but, nevertheless, let's see how it goes.

Who'd like to start now? Anyone? You can ask about anything. Even ask about independent living as far as I am concerned. (Laughter)

MR. OLIVER: What do you see as the part that rehabilitation might play in this bill which has to do with the depressed areas, depressed economically and so forth, so far as training, et cetera, is concerned?

SECRETARY FLEMMING: Well, there isn't any question in my mind at all but that the program of vocational rehabilitation can play a tremendously important part in dealing with the manpower problems that exist in these depressed areas.

As some of you know, I have spent a fair number of years dealing with some of the manpower problems or, as I like to think of them, the manpower opportunities that confront us in this nation today.

I'd like to say this: That there isn't any doubt in my mind at all but that if there is any limiting factor in our national life in terms of our ability to deal effectively with the problems of the complex and rapidly changing world it's the manpower factor. There's no doubt in my mind about that at all.

And it is, it seems to me, depressing to realize that in many of these depressed areas we have persons who are not working at the present time because they were trained to do things for which there isn't the same demand as there was at the time they were trained to do them, but who would be able to earn a living if they were retrained to the point where they could fit into job opportunities that exist either in these depressed areas or that could be brought into being in these depressed areas if persons could be retrained in order to handle new duties and responsibilities.

Now, take the person who has no handicap of any kind. I suppose traditionally he hasn't been thought of as a part of this particular program. That is, if he hasn't got a physical or mental handicap. Actually, he's operating under a very real handicap, in that he has been trained to do a particular job of work. It is no longer possible for him to do that particular kind of work in that particular area, and as a result he is face to face with a very serious handicap in terms of his ability to function as a productive member of society.

There isn't any doubt in my mind at all but that many of the things that have been discovered as a result of this particular program could be applied effectively to retraining operations within these depressed areas.

I'm not saying that it's only those who have participated in this program who can do it, but those who have participated in this program can become a part of a task force within communities which I think could do a tremendously significant job in terms of retraining.

And if it were demonstrated that that could be done, one or two things would happen. Either these persons would be able to take advantage of existing job opportunities, or the fact that they were retrained and capable of retraining would attract new activities into these areas.

So, as I see it, there is and should be close relationship between the thinking that is going on relative to these depressed areas and the discoveries that have been made in the field of vocational rehabilitation.

MR. OLIVER: Mr. Secretary, the Governor just recently assigned this question to me in a letter with regard to this matter, and I would like to say in behalf of my Governor in the State of Washington that I am sure he will appreciate very much this attitude.

I might also mention to you the State of Washington has already taken a look at the training of so-called non-disabled persons residing on public assistance and what vocational education and the skills of vocational rehabilitation can do to remove these persons from the rolls into productive life.

It was the thought, inasmuch as we have been able to prove this is effective in this area, that we might also utilize this as a means of building up industries, et cetera, which is called for in this bill.

I just urge then your continued consideration of these facets as you consider this bill which is now before Washington, and I understand is in the matter of hearing before Congress.

SECRETARY FLEMMING: I would like to say this also: I think as we think of the problems of the people in the depressed areas that we should also give consideration to the extent that we can to adapt vocational education programs to these problems in the depressed areas.

I think this is particularly true of the vocational education title of the National Defense Education Act, and that undoubtedly it would lend itself under certain circumstances to help deal with this problem.

And I am not at all sure that that also doesn't apply to what we think of as our more traditional vocational education programs.

All right. Who has the next question?

MR. WISE: Mr. Secretary, I think you asked for this. Assuming the provisions of this pending legislation relating to further diagnostic and independent living and facilities in workshops, have you decided and would you like to tell us what setting in which you would like to see the independent living part?

SECRETARY FLEMMING: Well, the short answer to the question is that I haven't decided. But, as Miss Switzer knows, there is some very intensive work going on within the Department. Actually, it's been going on under the leadership of our Assistant Secretary, Mr. Richardson, and I haven't any recent report on the results of the discussions, of the deliberations that are taking place.

MISS SWITZER: You'll get it.

SECRETARY FLEMMING: Except for this, Mary: I don't know whether there is a basis for this or whether you would agree there was a basis for this or not, but Mr. Richardson in talking to me not long ago I think was feeling reasonably optimistic about our ability to come through with a good sound program.

Now, Miss Switzer nods her head in approval, so you can gather from that the direction in which the thinking is going. (Applause)

I suspect--am I right in this?--I mean from the few discussions I have been in I suspect that we are discovering that, as is often the case, it is not exclusively an either/or proposition, but that it can be regarded and looked upon as an open-end proposition and that undoubtedly it provides us with an opportunity and a rather challenging opportunity to pool some resources.

MISS SWITZER: That is a nice statement of progress. I wouldn't go any further, if I were you.

SECRETARY FLEMMING: I'm going to stop. You have given the approval. I'm going to stop.

All I can say is this is the spirit I certainly hope will prevail and will enable us to come out with a good, sound conclusion.

All right. Who's next?

MR. POWER: I like your idea for use of our resources for improving of the realization of human potential.

SECRETARY FLEMMING: Right.

MR. POWER: Now, I'd like to know how that could be speeded up a little more. We are having a hard time getting money down in West Virginia, so we have got lots to do, I mean lots of rehabilitation to do, and lots of people to help, so that maybe you have further suggestions along that line as to how we can speed up better use of our resources.

SECRETARY FLEMMING: Of course, you understand the situation in West Virginia far better than I do, and you who represent the other States have got a feel of your own local situation. What I was trying to say was that I think we're dealing with a very fundamental issue as far as our society is concerned and that I think that people would respond better to what we are attempting to do if we did a better job of defining what we are attempting to do.

Now, Miss Switzer and the others in the Department have heard me talk about this until I am sure they are weary of it, but we are working on it, and I know Miss Switzer is working on it within the vocational rehabilitation area.

The more I work in this area, whether I am dealing with health or education or welfare, any aspect, the more convinced I am that we are desperately in need of national goals. I refer to them as national goals. They're not too hard to agree upon. But, in many areas, although it would be fairly easy to get agreement, still we don't have them, and we are desperately in need of arriving at understandings as to what constitutes a fair share of the responsibility in order to meet those goals on the part of private groups and public groups.

When I say "public," I am thinking of government at all levels, and you've got to get agreement as to what is a fair share of the responsibility between Federal, State and local.

Now, let me give you an illustration of what I have in mind.

There has been a lot of discussion in the papers in the last few days about medical research, because the President asked for the same amount of money in that area as we had in 1959, which is, for the whole operation of the National Institutes of Health, $294 million. The research part of that is about $215 million.

And, as you know, the House has increased that figure by $50 million. So as a result there is a good deal of discussion.

Now, when the President sent the budget to Capitol Hill, he said that we were in the process of considering what is known as the Bayne-Jones Report and which touches on vocational rehabilitation also.

He said that we would advise the Congress as to the results of that discussion. When I was before the Committee I rested it there saying that we did have the matter under discussion and that before the Committee reported the bill to the House we would try to give them the results of that discussion.

I told them I didn't know whether that would be a request for additional funds or whether we would stay with the 1959 figure.

Well, it was finally decided to stay with the 1959 figure because of the over-all fiscal situation and because of a feeling that certainly from a psychological point of view the Federal Government should make every effort to keep its budget in balance.

Well, now, somebody might say, "Well, that whole effort didn't amount to very much." And yet I addressed a letter to the chairman of the subcommittee that handles our bill giving the decision, but in that letter I said that there was agreement on the fact that the National Institutes of Health could within a reasonable period of time effectively spend $350 million a year.

Now, it's $250 million this year, so that is, as you can see a rather substantial increase.

I said that the Bayne-Jones group had suggested that we should reach $350 million by 1970 but that the assumptions on which they based their recommendation were already outmoded and that it was clear that we should reach that figure in a shorter period of time.

Well, now, the fact that I sent that kind of a letter to Congressman Fogarty isn't possibly particularly significant in and of itself, but the fact that I can say that that letter was cleared by the Bureau of the Budget before I sent it is significant. The Bureau of the Budget is now committed to a goal of $350 million.

There is still some room for discussion as to just when we will reach it, but they are committed to the fact that we shouldn't wait until 1970. They are committed to the fact we should reach it in a shorter period of time.

I just give you that illustration for the purpose of saying this: That when the Bayne-Jones people suggested that by 1970 the country as a whole should be investing a billion dollars a year in medical research, that half of that should come from the Federal Government and $350 million of that $500 million should come from the Department of Health, Education, and Welfare, they set in motion a very constructive process.

They made the recommendation. We have been thinking about it within the Executive Branch. We have reached as much agreement on it as I have just indicated. And to my way of thinking that's progress, because it gives us something to work against. It gives us a goal to work against.

Now, you in this particular area do have this goal not stated in dollars and cents but stated in terms of numbers of persons rehabilitated, which I think is all to the good. I think the 200,000 goal is one that we should keep in front of us, and we should move toward it just as rapidly as possible.

I hope we can take that and translate it also into dollar goals, dollar goals which can in turn be divided up as between the Federal and the State and the community and private organizations.

It seems to me that the more we do in the direction of establishing these goals, getting agreement on what constitutes a fair share, the more rapid progress we're going to make, because otherwise we are just kind of pulling a figure down out of the air.

Of course, I am sure that it must be of great help to you in connection with the activities in the field of vocational rehabilitation to be able to talk to budget directors and be able to talk to governors and to talk to members of the legislatures about the funds that the Federal Government is willing to make available under certain conditions. In a sense that provides you with a goal against which you can work.

But in this whole area of health, education, and welfare I just feel that we have got to do more and more along that line if we're going to get the support that is there for us if we only know how to enlist it effectively.

You can see I am not a pessimist. I don't believe really that society wants to spend billions of dollars on luxuries and wants to pass up the opportunity to help others realize their highest potential. I just think that the fellows that are doing the sales job on the luxuries are doing a much better job than we're doing with our programs, and they're responding to the people who are trying to sell the luxuries of life more effectively than they are responding to what we're trying to do.

I think that we fall down on the job time and again in not providing adequate goals or getting agreement on adequate goals and then getting agreement on how we reach those goals.

In other words, really all I am trying to do is to see if we can apply on a national scale in these various areas the technique that every one of us knows we have got to use if we go out to raise funds for a United Fund in our community. We have to set a goal, and we have to divide it up. We have got to say that we have got to get so much from special groups and we have got to get so much from the residential unit and we have got to get so much from the business unit, and so on.

That is the only way in which we get results. And yet in this whole area of health, education, and welfare on a national scale we haven't gone at it that way.

This is a long answer to your question, and I don't know whether I'm getting my idea over or not. I mean it is an idea that I keep trying to get over, and we are doing staff work on it here.

And I'm encouraged. I mean I'm encouraged to push the idea, for example, because of this experience I am having in the field of medical research right now.

I think as a result of the work we have done on that that we're ahead of the game and that it will show results in the 1961 and 1962 budgets.

If you want to cross-examine me on this idea, go ahead. If you're skeptical about it, please express your skepticism, because this is the only way in which I can test out-- I don't mean by that that my staff isn't willing to be skeptical at times about ideas like this. They are, as they sit around the conference table. But if you have any feeling of skepticism about this approach, please express it.

MISS SWITZER: This group, above all others, should know that unless we had had a stated goal, an overstated goal if you will, in 1954, and a commitment made to me, that we would never have had the success. Of all the groups that you could talk to, this group knows that the goal has been perhaps the essential ingredient in making the progress we have made.

SECRETARY FLEMMING: Let me be perfectly frank by saying to you that I am using you internally as an illustration of the fact that the thing that I am saying is the right approach, whether looked at from the point of view of good management or looked at from the point of view of rendering the maximum of service.

Now, after all, I passed over rather quickly the fact that we got agreement on a figure from the Bureau of the Budget and the President in submitting the budget, and that figure wasn't changed one cent either up or down. Why? Because of the fact that we had a definite reason for asking for that particular figure. It was related to a goal.

And we alleged that this represented substantial progress or would represent I won't say "substantial" but reasonable progress in 1960--I mean the fiscal year 1960--toward that goal.

Because we had a goal, because we could show that this represented reasonable progress in the direction of reaching that goal, we got acceptance of our recommendation all the way along the line.

Now, my contention is that the amounts that are appropriated in the health, education, and welfare area are not always going to be as carefully thought through as they should be unless in all of our areas we can relate our requests to a reasonable goal, and also relate it to a reasonable distribution of the responsibility as between the Federal Government, the State, and the local governments and private groups.

When we can get to that place, we will be able to move forward steadily in the direction of rendering the service that ought to be rendered.

We are working on a goal right now in the field of school construction, construction of classrooms. It seems to me that this is an area that lends itself to it, because we can identify the need.

Oh, I mean some people will quarrel with you a little bit about the figures. And let me say this. My feeling is that these goals should be subject to constant review--I mean at least on an annual basis--to see whether or not they are still sound goals. I mean I do not believe that we should freeze them at a given point. We should always take advantage of the additional evidence that is presented to us.

But we can say right now that there are 140,000 additional classrooms needed in this country today. All right. Let's assume that we want to wipe out that deficit over a period of five years. Well, you can set your goal, and then you try to get agreement as to what the Federal Government's share should be and what the State and local school districts' share should be.

But if we could get that kind of an agreement, it would help us when we go to the Congress to ask for specific legislation and specific funds.

I contend that it would help me as a resident of Delaware, Ohio, if I was backing a proposed levy to build a high school, because I cannot only talk about the local situation but I can talk about the contribution that the community could be making toward solving what is, after all, a serious national problem.

And if we could get our discussion going along those lines, we would tend to lift them out of the realm of local personalities, and so on.

The whole trouble with a lot of school levies today is they get defeated on the basis of whether or not people think they like the principal or like the chairman of the school board or like the superintendent of schools or don't like him. They are not related to the really basic national needs.

All right. Who has the next question?

Yes?

MR. GEHRKE: Recently we had a commission study on the placement of the handicapped. During this period of time it was pertaining to workmen's compensation. We found that the real problem was the matter of the fringe benefits.

Well, we, of course, do not have legislation there as we have workmen's compensation. You have emphasized the community working together, and so forth. We never could come to any real agreement on this. Is this something for legislation to where an individual has had such and so and the insurance is granted to take care of his insurance, the health insurance, life insurance, and so forth? What is your feeling? Do you feel this is a matter of legislation? Do you feel again this is a matter of industry and union getting together on an individual basis?

Do you have any feeling there?

SECRETARY FLEMMING: Frankly, I haven't had the opportunity of going into that sufficiently to have an opinion to express on it. I can see where it can be a real problem at the local level. And I suppose that this is something that the Secretary of Labor, Mr. Mitchell, would be primarily interested in.

But we would certainly have a very fundamental interest in it. I think it is an interesting question, and if somebody would make a note of it I would like to talk with the Secretary of Labor about it and see what his reactions to it are, and maybe we could do something on a joint basis at least in the way of making suggestions and so on that would be helpful.

MR. REEDY: This whole discussion on planning and setting of goals interests me very much. I think on a Federal level it simplifies itself somewhat because these various interests, education, welfare and so forth, are consolidated in a single agency, and while you may have the competition within that agency, as is evidenced quite often, it can be reconciled eventually.

SECRETARY FLEMMING: Right.

MR. REEDY: Now, within the States, within the communities, we have a very different situation, where education, health, mental health, highways and all of these different urgent needs are in strong competition with each other. There is no pattern through which a unified decision can be taken that would establish the priorities that a community or a State should have.

Could you just inform us how we might apply some of the same unified approach by the people who are responsible for these many areas of public development on a State or a community level?

SECRETARY FLEMMING: I would be very happy to. It is kind of a favorite subject of mine, as Miss Switzer knows.

Is there someone here from Alaska?

All right. I am correct, am I not, that in the organization bill that has gone through the Alaska legislature that health and welfare are put together in one department?

You know, I found some people within the Department of Health, Education, and Welfare that were a little skeptical over the idea of combining health and welfare. I kind of had the feeling that we were the last persons in the world that should express any skepticism along that line.

I think that particular move is an interesting one.

Is there any other State where health and welfare are together in one department?

MISS SWITZER: Maine, I think.

SECRETARY FLEMMING: Maine? All right.

I think it will be very interesting to watch those.

Coming to your question, there is another development I have been interested in, and I think I am right that this is the State of Washington. Do you not have a council or Governor's committee or cabinet committee, I mean, that is made up of the health, education, and welfare activities and that meets regularly under the chairmanship of the Governor? That was my understanding.

Now, it seems to me that that has some very real possibilities. I appreciate that this falls a little short of combining the things in one department.

I would like to make it perfectly clear I am not necessarily an advocate by any means of combining all of health, education, and welfare in one department in our States or in our municipal governments, because some of the things that made it a good thing to do as far as the Federal Government is concerned are not necessarily present at the State level.

I have been very much interested in the organizational problems in the Federal Government, having served on both of the Hoover Commissions, and then during President Eisenhower's administration I have been a member of a little three-man committee that has been working on organizational problems for him.

And so, because people know of my interest, every now and then they will say to me, "Health, education, and welfare, those three areas, are big enough, each one is big enough in and of itself, to justify a separate Cabinet department. Shouldn't we have three Cabinet departments?"

My response to that is always this: You could make out a good case. But one of our problems in the Federal Government is to cut down on the load on any President of the United States. This government I mean is so huge, and the ramifications of it are so large.

I have said if you made three departments, then there would be only one person left to coordinate the work of the three areas, and that would be the President, and he really doesn't have time to do it.

So that, in reality, a Secretary of Health, Education, and Welfare, as I see it, really steps in and does the thing that the President would do if we had the time to do it in pulling these three areas together.

Now, this idea on the State level of the Governor taking the initiative and bringing together the heads of the departments that are working in these areas rather appeals to me, because it seems to me that it would be very helpful to the Governor in terms of his getting an over-all picture of what is going on in his State in these three areas, and that it would likewise provide a forum which could very easily result in effective steps being taken in the direction of coordination from time to time.

Now, I know that the power of the Governor as chief executive varies from one State to another, and I know that in some instances he could coordinate and in other instances his authority doesn't go that far and he wouldn't be able to do it.

But it has seemed to me that the mere presence of the Governor in a meeting of that kind presiding over deliberations of that kind couldn't help but result in some effective steps being taken in the direction of coordination.

I will say frankly I am hopeful that particularly as I get into the middle of the Summer and early Fall of getting out into some of the States, and hopeful that the Governor will bring together the heads of the departments that have responsibility for programs that are directly related to this Department, so that I can talk with him and with the people who head up these various programs around the conference table and pick up their ideas and suggestions as to things that we can do better in order to help strengthen the operations within the State.

Now, of course, I would think the same would exist at the community level. Again, the city manager, if there is a city manager form of government, would certainly have that opportunity. Or the mayor.

But I'm particularly interested in seeing more consultation at the State level between the departments that are actually working in the areas where we try to help, and I would hope that those contacts would take place under the chairmanship of the Governor.

Now, I appreciate that it's easy for me to theorize. You are right in the middle of practical situations, and you can probably think of quite a number of reasons why this wouldn't work and why it wouldn't produce very constructive results.

I would think over a period of ten years, if this went on, that it could have constructive results.

Yes?

MR. HRUSCHKA: Are there any steps being taken by the Federal Government to do this in relationship to Indian people so that the separate status would be decreased and that more and more Indian people would be receiving services through the same agencies rather than through a separate Federal agency?

SECRETARY FLEMMING: Well, that isn't an easy question to answer. It isn't easy for me to answer. My contact with the opportunities in that area is solely the contact that this Department has. In other words, I should be better acquainted than I am with the activities of the Bureau of Indian Affairs over in the Department of the Interior.

I think it is fair to say, however, that that is the objective of the Public Health Service as it works in the area of Indian health problems.

As I have talked with our people in that area, I have developed the feeling that that is their objective. And I think that I can speak for all of the other operating agencies within the Department, certainly including vocational rehabilitation, when I say that we would be more than happy to make sure of the fact that our resources are used in such a way as to facilitate the attainment of such an objective.

Because I personally have had the feeling that the philosophy that lies back of your question is sound.

All right. Any other questions?

(No response.)

Well, I'd like to tell you how much I appreciate your willingness to address some questions to me, because somehow or other after I've gone through an experience like this I have the feeling that I am just a little bit better acquainted than would otherwise be the case.

I hope that as time goes on I will have the opportunity of sitting down and talking with quite a number of you out in your States.

I did have the opportunity of spending a day in all of our regional offices, but I spent in all cases that time for the purpose of getting acquainted with the regional people, in vocational rehabilitation as well as the regional representatives in our other areas.

Now, on my next round of visits, I want to spend time getting acquainted with those who are working in the States, and I can assure you that I look forward to the opportunity of becoming better acquainted with you.

I also want to say this: I know I have said it to your Executive Committee and Miss Switzer and the others have heard me say it a good many times, and I say it without the least bit of concern in this particular instance also. But I just want to have you get the feel of my own attitude. If you make recommendations relative to the program, I can assure you that to the extent that those recommendations require action on the part of the Secretary that I will cooperate with Miss Switzer to see to it that action is taken.

I don't mean to say that I will always agree with the recommendation. I want to keep the record straight on that, because otherwise there might be misunderstanding. But the thing that I can assure you is that we'll react, either for it, or for it with a modification, or against it, one or the other, to the extent that your recommendations call for action on the part of the Secretary.

I know that this is the approach that Miss Switzer takes, so I don't have any concern at all about this area in terms of worrying about whether or not recommendations go on the shelf to gather dust. I know that won't happen in the Office of Vocational Rehabilitation.

But to the extent that these recommendations require action on the part of the Secretary, I can assure you that I'll be more than happy to see to it that action is taken.

Thank you so much for giving me the opportunity of spending this much time with you. It's been a very wonderful afternoon as far as I'm concerned.

(Standing ovation.)

MR. SCURLOCK: I know that I speak the sentiments of the entire group when I express to the Secretary our thanks and appreciation for these remarks and for the time that he has taken with us.

I never cease to be amazed at this man. We came down here in January, our Executive Committee, and he took time from his busy schedule to come down and talk with the group, not for just a few minutes but for over an hour, in detail, about some of our problems.

He has taken time off today from what I know is a very heavy schedule to sit in this afternoon and to discuss in detail some of his thinking and his philosophy.

I know too that the success we're having in the matter of budget and funds for State programs at this time is largely due to his interest.

Mr. Secretary, I can't tell you how much we appreciate your fine interest and support.

I have an announcement that has been placed here on the desk. There will be a showing of Mr. Alsup's film, "Vision Across Texas," at nine-fifteen tomorrow morning in Room 3194.

Are there any further announcements?

MR. WISE: They told me that thing tonight was cancelled, and I didn't know it, I was so busy.

MR. SCURLOCK: I think you were busy putting the Secretary on the spot. (Laughter)

MR. WISE: Oh, no. He invited it.

MR. SCURLOCK: You didn't have that in mind at all?

SECRETARY FLEMMING: I was delighted you raised it.

MR. SCURLOCK: If there is nothing else, we will stand adjourned until morning.

(Whereupon, at 5:30 p.m., the meeting was adjourned, to be reconvened at 9:30 a.m., Wednesday, May 6, 1959.)

PROCEEDINGS

May 6, 1959

MR. SCURLOCK: I think we should get seated and begin.

We had a very profitable meeting yesterday.

I hope everyone is comfortably housed. This group has stayed at one hotel in this town so long, when we try to change, it is a little difficult, but, everybody, apparently, is pretty well satisfied. Nobody has offered complaints. If you have any, we will listen to them now.

We are going into a business meeting now, and I hope we can move this along as rapidly as possible, but not too rapidly, I hope, to get proper consideration of the items for discussion.

Would you please remember to rise, give your name, and State, for the benefit of the reporter. I am going to ask Ed Porter to sit next to Mrs. Friedman and identify the speakers.

The first item on the agenda this morning has grown out of a change in the by-laws.

Listed on your agenda is the election of officers and confirmation of the action in Asheville. We want to be sure that everybody understands the issue and that there is no misunderstanding of what is involved.

I am asking Herb Brown, a member of the Executive Committee from Region II, to make a full explanation to you at this time.

MR. BROWN: The thought was I might be able to clarify this. I don't know. Maybe I can confuse you to the point where you will just become docile and do as we wish.

(Laughter)

It seems proper, before you consider this matter, that I read to you Article III of your by-laws pertaining to the Executive Committee.

Item (1) says:

"At its 1958 Fall meeting, the Executive Committee shall elect from its membership, a President, a Vice-President, a Secretary-Treasurer, who shall serve both the Council and the Executive Committee in these capacities..." subject to confirmation by the Council in the Spring meeting of 1959. That is where we are right now.

Their term of office shall be for a period of eighteen months and "shall expire at the time of the Spring meeting in 1960. At the Spring meeting of 1960..., and at each of the regular annual meetings thereafter, the Executive Committee shall elect from its membership a President, a Vice-President, and a Secretary-Treasurer, who shall serve both the Council, and the Executive Committee... one year, or until their successors are duly elected and installed in office.

"A vacancy occurring during the terms of these officers shall be filled by the Executive Committee" with the concurrence of the Council at its next succeeding meeting.

So, at Asheville, we elected Voyle Scurlock, President, Harry E. Hayes, Vice-President, and Ralf Peckham, Secretary-Treasurer.

This morning we are asking the Council to confirm those elections, so those officers will continue until the Spring meeting of 1960 to take on this transition.

Now, the other problem which has arisen, and which might not be evident in what I have just read, is as of this meeting today, the odd numbered regions are at liberty to nominate and present and elect members to the Executive Committee. Two of these regions have already so elected, and one is Region V, in which Ralf Peckham is now located.

Now, to clarify that issue, that in no way takes Ralf out of his present position. The President, Vice-President and Secretary-Treasurer of the Council will serve both the Executive Committee and the Council regardless of whether or not they had been elected to the Executive Committee.

Mr. Moriarty will replace Mr. Peckham in Region V.

Rather than muddying the waters any further, I think, Mr. President, I can stop at this point.

Are there any questions?

MR. BROWN: I present a motion for the confirmation of Voyle Scurlock as President of the Council and also of the Executive Committee of 1960, and Harry Hayes of Kansas as Vice-President and Ralf Peckham, Secretary-Treasurer. That is a motion.

MR. WISE: Second it.

MR. BROWN: I am not involved in this election, so I might as well finish this.

Are you ready for the question?

All those in favor say "aye."

(Chorus of "ayes.")

Opposed?

None.

Carried.

MR. SCURLOCK: This is democracy in action. I was hoping there would be some opposition. I should be very glad to step aside.

I appreciate the confidence that you have shown. Your recognition is an honor, and I know the other men feel the same way about it. There is a lot of work involved in it, too. We enjoy it. We are happy to do the best we can within our limitations.

With that we shall proceed.

This morning we are involved in Committee Reports, and I believe the first report is that of the Executive Committee.

I want to clear this up too. Herb, you mentioned the fact that in Region V Mr. Moriarty has replaced Mr. Peckham.

MR. BROWN: Yes.

MR. SCURLOCK: Has Region I elected anyone?

MR. CURTIS: I nominate George Moore of Rhode Island.

MR. SCURLOCK: Has your Region acted?

MR. MOORE: We did this in an informal get-together yesterday--very informal, I would say.

(Laughter)

MR. IRONS: At the informal meeting this morning, we approved this.

MR. SCURLOCK: I shall call on the Secretary at this time to read the minutes of the Executive Committee meeting for Monday.

MRS. MORRISON: (Presenting a red carnation to Mr. Scurlock.) This came out of the Alaskan State and is presented by Hawaii. They don't grow pretty flowers like this in Hawaii.

This is for our new president.

(Applause)

MR. SCURLOCK: I think it was worth it to be reelected.

(Laughter)

MR. PECKHAM: The minutes are not formally prepared. Rather, I am giving highlights from the pencilled transcript of notes for the moment.

The first item in the Wednesday meeting was a discussion of the election procedures, which Mr. Brown has just now clarified a little bit more, in which it is required that delegates from the odd-numbered regions should preferably have elected the delegates. By this I mean Regions I, III, V, VII and IX, and only several of these regions have done so. So there is unfinished business at that point, therefore, for the remaining odd-numbered regions.

The second discussion item that afternoon had to do with the recommendation that a Manual of Policies and Procedures be developed as a basic guide for Council business, and a subcommittee is to be appointed to work up agreements on such a manual, and report back to the Executive Committee. The members of this subcommittee are to be from the even-numbered regions.

The third item was a motion made and carried that in the future the Council would testify on national legislative matters, but how and under what conditions are matters to be worked out and set forth in the Manual of Policies and Procedures. The subcommittee is to work on this matter.

MR. SCURLOCK: Ralf, I don't know how you want to handle this, but these are individual items for consideration of the Executive Committee. If you want to wait and approve the entire report, all right. If you want to take them item by item, you can do that also. I was involved in this matter of the Manual, for instance, and in the matter of testimony before Congressional committees, and I would be happy to take time to make the explanation for you.

MR. WISE: Let's hear the full report first.

MR. PECKHAM: The latter part of this discussion on testifying on national legislation is as follows: It was suggested that the testimony itself be cleared by the Executive Committee.

And then, the fourth item of discussion was a suggestion that the Council consider a registration fee of $3, and this is to be discussed at full Council on Wednesday at some time.

Now, at this point Miss Switzer joined us, and her first consideration was a suggestion that in 1960 the Council might consider moving over its May meeting to late August or early September, and meet jointly with the International Society for the Welfare of Cripples in New York City.

This, of course, was just a suggestion. This Council was to consider this and report back to the Executive Committee.

Then Miss Switzer informed us about an OVR recommendation having to do with the new R-9. She indicated that serious consideration would be given that the R-9 may be discontinued June 30, 1960, but the States would be, perhaps, continuing the use of some modification of R-9 information for their own State purposes.

The next item was the matter of whether the full Council would meet at the time of the NRA, in Boston in October 1959. It was suggested that program plans be left open to see what developments occurred closer to the October date, the matter to be brought to your attention at this time.

There was a motion made and seconded that the Council activities at Boston be limited to committee meetings only, unless future events between now and then indicate otherwise.

The Treasurer's report as of Monday, was presented, adopted and showed a balance, at that time, of $227.95. I may interpolate at this time that yesterday, out in the corridor here, new memberships were being accepted and an additional $90 was collected from 43 directors and 3 associate members.

I will remind you again that dues are $2 for directors, $1 for associates, and I can still take money, casually, whenever you can catch me. You can't vote legally if you are not a paid-up member.

At that point, the various chairmen of the several committees gave us preliminary reports--Mr. Wise, Committee on Administration, Mr. Anderson, Subcommittee on Statistics, Mr. Andrews, Committee on BOASI Relationships, Joe LaRocca, substituting for Ray Power on Program Development. All of these reports were accepted and I assume are going to be presented to you in full a little bit later.

This is what transpired Monday afternoon.

MR. SCURLOCK: Thank you, Ralf.

I have an idea that most of this discussion--or a good part of it--will not be of special interest to the entire group. I think there are three or four items here that you will want to know more about. There are items here that certainly require understanding on your part.

For approval purposes, if I can make just a statement to you about two or three of them, I will try to take them in order.

The first one mentioned concerned a Manual of Policies and Procedures for the Council. Apparently we have never had such a document through the years. We don't have any idea that this is going to be any great big document, but, apparently, there should be something in the way of a guide to guarantee continuity of policy and procedure through the years.

This present group of officers have had to do some digging to find out precedents for actions.

A lot of this had to do with testimony before Congressional committees.

I received a wire inviting the Council to provide testimony on a bill before the Congress. Well, my first reaction was: There shouldn't be any question about it. Perhaps we ought to have somebody there to testify. It was a bill with which many of our agencies are concerned. Then, the more I thought about it, the more I realized that there were a lot of other considerations and implications. The Council acts in an advisory capacity to OVR and whatever we do, we certainly don't want to embarrass our partner in this total movement.

It seemed to us there should be some sort of document or manual for guidance purposes. Certainly it will never be completed, but will be in a constant state of change. But, at least, there will be something that can be used as a basic guide for new officers and the Executive Committee in future years.

I don't think that you are particularly concerned with that, but I do think you might be concerned with this second point that I have just raised of testimony before Congressional committees.

After thorough discussion with Miss Switzer and members of her staff, the Executive Committee is inclined to feel that there is not any reason why this Council should not be heard by any group of people in this country who are concerned with rehabilitation, whether it be the Congress or the Knights of the Mystic Sea, if they are interested in something that affects the disabled, that there is not any reason why we should not make our thinking known.

That doesn't necessarily mean that we would testify on every bill that came up. There might be many we would not want to be heard on, but, as a group of administrators of State agencies, interested in rehabilitation of the disabled, we feel that we have not only the right, but the obligation to communicate the results of our experience in the field.

If you have, as a Council, a different feeling about it than the members of your Executive Committee, you certainly have the right to speak.

I will pause long enough to provide opportunity for questions and comments.

The next question that was involved is the matter of registration, and the registration fee. It is tied up with the proposition of giving testimony. For instance, we wondered if it would be wise for a representative of this Council to travel at public expense in order to appear before a Congressional committee. A specific question on that point might be embarrassing and we might do the cause more harm than good.

We are trying to figure out ways and means of having the Council have a little bit of money for this as well as for other expenses that we have--the expenses are not very great.

We have discovered, perhaps, Mr. Secretary, we have a little more funds in the Treasury than we thought. It was the thinking of the members of the Executive Committee that perhaps if we charged $3 as a registration fee at a meeting of this kind--this would be in addition to the $2 dues which are paid annually. We assume that your registration fee could be pretty largely covered by an expense account.

The Executive Committee does not feel that this is anything anybody is going to lose any sleep over. You ought to be thoroughly satisfied with it.

If you want it, all right. If you don't, you ought to say so. This is one question on which I feel there should be an expression of the entire group.

Mr. Meyer of New Jersey.

MR. MEYER: I have had a good deal of occasion to observe the relationship which has existed between Washington and the States and various programs that have been maintained under the Federal Government. I have seen none of them that have brought about the satisfaction and the results to the people in the field that we have secured through our Council. I think it has been pretty much beyond public criticism. It has had administrative satisfactions, as frequently told you. The people have a close-knit organization that has not over-stepped its bounds, and I have really admired it, many, many times.

It has a great deal to recommend it, over comparable systems, let's say, in the relief set up, and I think it has been partly due to the fact that we have not abused that privilege. And I think it has been partly because we have been conservative in connection with what we have done.

I think the question as to how much testimony should be given by the Council itself is really quite a question, because we have the Rehabilitation Association we can call upon. We also have an administrative responsibility to the Federal office. We also have a responsibility to our clients and to the State.

We are a semi-official body. It seems to me that we are bringing together a lot of points of view that do have conflicts, and as far as this question of registration fees is concerned, I wouldn't be particularly opposed to it, but it is amazing how all these things accumulate.

The other day we had one that jumped from $5 to $50, and now this jumps from $2 to $3 and $3 to $5, and they all do accumulate.

I think when it comes to public scrutiny, it is not going to make an awful lot of difference, because some of these dues by some of the organizations are taken from public funds anyhow. They may not be in your State, or they may not be in mine, but they may be in most.

So, I think it is quite a conflict. I think we would be on the spot if we had a highly controversial subject.

But, I think we ought to appreciate the confidence which the office has had in us, and the place we have held in governmental organization, and I think we ought to stay as much as we can on the level that we have and use the National Rehabilitation Association as much as we can as our mouthpiece, and we certainly have considerable influence in that after all the work that we did to bring it into existence.

MR. SCURLOCK: I think it is very well said, George. It was the thinking of the Executive Committee and Miss Switzer on this that we needed to establish, once and for all, some sort of policy of what we would do under certain conditions.

We had the feeling that there are certain situations and conditions and times where we would be justified. As I said earlier, we certainly don't have in mind giving testimony on every bill that comes up.

Are there any other comments?

MR. GEHRKE: Mr. Chairman?

MR. SCURLOCK: Mr. Gehrke of Minnesota.

MR. GEHRKE: I cannot help but feel in this matter that the Council should have funds with which to work to cover various items of expenses and I sincerely concur with Mr. Meyer from New Jersey that we do have the NRA. But I can't help but feel that from time to time the Council will be called upon and the Council can have and does have a role to play. I can't help but feel they should have money available. I can't but feel this is a good, legitimate way of doing it. I don't believe that you would be held in close scrutiny. If so, I am sure that you would find any number of organizations, whether it be welfare groups or others, where the same money is spent in the same way. I don't think there should be any tremendous fear in that matter.

I, for one, would be very much in favor of a registration fee that could be used at the discretion of the Executive Committee for any worthwhile purpose that might come up.

MR. SCURLOCK: The matter is in your lap. Whatever you want to do with it is all right. I don't know whether you want to act on this as a separate item from the total report or not. I do want you to understand what it is.

MR. WISE: Question, please, sir.

How would you determine or did the Executive Committee decide which issues you would testify on in the event it was agreed that there would be permission?

MR. SCURLOCK: I think it is going to have to be worked out, of course. I am assuming that this will be a part of this Manual when it is finally completed. It will be defined pretty well. But I can't imagine any situation where anyone would appear before the Congress to testify for this Council without having thoroughly discussed the matter with the Director of the Office of Vocational Rehabilitation and her staff. I can't imagine anyone going over there without having been in touch with NRA and knowing pretty well what position they are going to take, and without--if it is a highly controversial thing--without having cleared it with the Executive Committee of this Council. I certainly think that anyone that acted otherwise would be asking for trouble.

I don't know whether I have answered your question or not.

MR. WISE: That is enough.

MR. SCURLOCK: Mr. Meyer?

MR. MEYER: I would like to suggest that perhaps we would be in a better position to judge what our financial position is, after we saw what the Manual would provide for, because, over the years, as I recall

it we have had a comparable situation in the National Agency for the Blind. I think we would be in a much better position to judge whether the registration fee ought to be even $5 or perhaps somewhat less than $3 if we had a Manual statement of what the responsibility would be.

After all, much that comes under the Council's purview is a matter of public interest and public request, and I imagine if there were certain occasions for requesting testimony from the States, very logically it can be requested by Congress or by the Federal office.

I can't quite conceive of a situation where it would be in another position, but I am willing to go ahead on this. I think we have more information to go on if we have the Manual showing what ought to be done. After all, it isn't going to be difficult to spend the money after it is there, and after we put it at the disposal of people, because two or three trips will easily take up the amount of the registration.

At the same time, I am quite surprised at the amount in the Treasury.

MR. SCURLOCK: I will be frank, I didn't know we had so much money.

I wonder if we couldn't dispose of this matter very easily and quickly if we do this: If the Council, as a whole, feels that there should be a Policy Manual developed which would include an item on testimony before Congressional committees under certain conditions that would be spelled out, I wonder if we could have a simple motion approving that and then we will settle other matters separately.

MR. HENLE: I so move.

MR. BROWN: Seconded.

MR. LEVY: Levy of New York. Before the motion gets through, I was going to just ask--I assume that the Executive Committee has done this--whether there has been consideration of the effect of the value of testimony by individual State Directors as compared to what would happen if the Council, as a group, representing a group of State Directors, testified in a different manner?

MR. SCURLOCK: I think that is one of the items to be considered.

MR. LEVY: I would be interested in knowing how the Executive Committee felt about this. I think this is at the heart of this particular item. No matter what we say or what we would like to say, we have to recognize that the organization is established in terms of official State representatives. In other words, we are not members as individuals. We are members in terms of the position that we hold, and it seems to me that when you say that the Council shall testify, you are saying that the Council shall speak for the 91 State Directors in the VR movement.

So, then the problem comes up, as to what is the representation in determining what the Council shall testify to, if there is disagreement.

I would like to hear more discussion on it.

MR. MEYER: Mr. Chairman, I notice that in the motion there is an indication that provision must be made for testimony. It seems to me that looking back upon the history of the organization there have been times when there have been considerable membership among the Council that would not have been enthusiastic about such a provision. In view of the expressions we are making here, and the dilemma that we could find ourselves in, I think it should be made a matter of consideration and not a matter of obligation.

MR. OLIVER: I would like to concur in this.

I think we have another thing to consider. Most of us represent or are agents of a State board, or an Executive Officer, and that must be kept in mind in deciding whether or not we might be moving into a rather dangerous area or in an area in which we would have to have some representation on the part of our executive office.

I would have to concur, I think, with George here, that down through the years in thinking this thing over, we have felt that the matter of legislation and testimony and so forth were matters for the National Rehabilitation Association, and this Council is essentially an advisory body. We come together that we might better understand some of the problems that are going on in the way of legislation.

I thought that we would like to go on record, then, as against this body becoming a body which might appear for the purposes of giving testimony before Congress or any of the committees.

MR. SCURLOCK: Thank you, sir.

Now, let's get this straight a moment, John.

If I understood the motion, Mr. Henle, it was that a Manual would be prepared without reference to the issues as to whether testimony would be given and how it should be given and how it would be financed, and presumably this group would be called upon to accept, modify, reject or change this Manual.

MR. HENLE: That is what I understood it was I was moving for when I made the motion.

MR. SCURLOCK: Has there been a second to that motion?

MR. BROWN: I seconded it.

MR. SCURLOCK: Brown seconded it.

MR. BROWN: I had the same opinion as the mover. My opinion was the same as the mover's. We merely would prepare the Manual for the consideration of the group.

MR. SCURLOCK: Does everyone understand what is involved in the motion? Is there any further question about it? Is there any further discussion or can we dispose of this item?

Maybe what we should have done was to settle the proposition of testimony.

I want to call to your attention the fact if you pass the motion as made, this precludes any testimony being given until the Manual is developed and until it is submitted back, which means, perhaps, one year, anyway.

MR. HINES: I think this motion can be adopted and subsequently the matter of testimony can be adopted independently. We can decide now whether we want to have testimony without a Manual, but this motion merely authorizes somebody to write a Manual, and then, subsequently, we can make the motion: Shall we have testimony or shall we not have testimony?

DR. MACFARLAND: I wonder whether somebody is going to the trouble of developing the Manual specifically designed for giving testimony or setting forth the rules and regulations?

MR. SCURLOCK: There will be a lot of things involved.

DR. MACFARLAND: I am wondering if you want to take a separate vote on this testimony, first.

MR. SCURLOCK: Are you offering an amendment to the motion or are you offering a substitute motion?

DR. MACFARLAND: I would like to make a substitute motion to vote on whether we will give testimony or will not.

MR. SCURLOCK: I'm going to get help from the parliamentarian. Mr. Cummings had better come up and sit by me.

Is there a second to the substitute motion?

MR. OLIVER: Seconded.

MR. HOLDSHIP: Let's dispose of the first motion that was made first.

MR. SCURLOCK: This is a substitute motion.

MR. MEYER: If the substitute motion is going to cause parliamentary problems, I move to amend the motion to the extent that it shall not commit the Council to giving testimony.

MR. SCURLOCK: Do you accept the change, John?

MR. HENLE: Yes.

MR. SCURLOCK: He is offering an amendment to the motion which would eliminate testimony. The motion is that a Manual be developed and nothing is said about testimony. We are going to dispose of the testimony separately.

Am I right?

Are we ready for the question?

All in favor of the question, make it known by saying "aye."

(Chorus of "ayes.")

Opposed by the same sign?

(Chorus of "noes.")

The "ayes" have it. The motion is adopted, and we will develop the Manual.

Now, what do you want to do with the testimony? This is the second part.

MR. WISE: I make a motion that the question of the testimony for the current year be left entirely up to the judgment of the Executive Committee.

MR. SCURLOCK: And the remainder of it be written into a Manual for later approval, is that right?

MR. WISE: Yes. Now, we are assuming that the Manual is going to carry something about that.

MR. OLIVER: I second it.

MRS. MORRISON: A good deal of silence has persisted about the character of the testimony that has been contemplated. Before I vote on this thing, I would like to know what the attitude of the Council is with reference to legislation that is so controversial as to appear to need the testimony of the Council? As I say, I have worked with the organization for a number of years, there have been times when I would have been very, very strongly opposed to giving the Executive Committee any further privilege.

However, I have a great deal of confidence in the Executive Committee, and I think other members have, too, and I would be willing to leave it to them, but I don't think it is a subject that should be treated under the cloak of silence.

MR. SCURLOCK: We have a motion and a second.

Is there further discussion?

All those in favor of the question, make it known by saying "aye."

(Chorus of "ayes.")

Opposed?

(Chorus of "noes.")

The Chair is not much in doubt about it, but I would like a show of hands. All those in favor, make it known by a show of hands.

MR. GEHRKE: Will you please restate the motion?

MR. SCURLOCK: Will you restate the motion, Mr. Wise, please, sir?

MR. WISE: The motion was that the matter of testimony before the Congress during the current year be left to the judgment of the Executive Committee.

MR. BROWN: That wasn't the motion.

MR. WISE: Until the Manual comes out which will pass on to next year.

MR. SCURLOCK: That was my understanding of the motion.

Mr. Oliver, you seconded the motion. Was that your understanding of it?

MR. OLIVER: That is quite right, sir.

MR. YODER: Inasmuch as I represent a State that has differing views on some of the legislation now pending, I would not be in a position to accept the decision of the Executive Committee to represent the thinking of Pennsylvania on certain pieces of legislation or give testimony for or against. I believe that if this body is to give testimony, the only reasonable basis on which it can offer the testimony is by following the entire membership of the States Council. I don't believe it can remain the judgment of the Executive Committee.

MR. BROWN: Mr. President, as this matter is so highly controversial and the opposing views are expressed, I think we should rely on the NRA for the intervening year.

I didn't understand the motion when I voted for it.

I would suggest we abandon all testimony by this group until we have clarified the issue, and use NRA for this intervening year.

MR. OLIVER: Mr. Chairman, I voted on the prevailing side. I would say he has a right to ask for reconsideration and to lay the matter on the table which will take precedence over all consideration, and I would so second his motion, if that is what he said.

MR. SCURLOCK: We had a motion here that the matter of testimony during the current session of Congress would be left to the discretion of the Executive Committee, and we had a second. We took a voice vote.

There were some "no" votes. I was ready to have a show of hands. I want to be perfectly fair on this thing. I want to be sure that whatever is done represents the wishes of the full Council.

Now, if you are ready for that vote, we will vote on this motion and we will settle it once and for all.

Now, does everybody understand what the motion is and what is involved?

MR. NOVAK: Is there any precedent for testimony in Congressional hearings by this body that you recall in your experience?

MR. SCURLOCK: There has been some precedent. There has been testimony given in the past. That is point number one. I made that when I brought it up, when I got a wire out home inviting me to come in and give testimony before the Congress, I immediately called Miss Switzer's office. I didn't know what the precedent was--whether there was a precedent for it. We didn't think there should be testimony in this instance. There were State Directors who did give testimony, but as individuals, and not representing the Council. So far we have not, because we felt that it was a matter that required a good deal of very careful consideration.

MR. WISE: Since that was my motion, and it was made after you had described how you would assume that anyone would go about clearing with NRA and clearing with the Federal office and members of the Executive Committee, I can't see any danger in this. I would hate to cut off this situation to the extent that the Council could not have a voice in it.

I would like to leave it open to the extent that we would vote favorably for this motion, realizing that it is a conservative attitude that you, as President, would take.

Let's act on this and pass on to something else.

DR. MACFARLAND: I would like to raise this question, Mr. President. I would like to know in a motion as important as this, whether we have a quorum.

MR. SCURLOCK: Is there a quorum here this morning?

There is no doubt in the world about that.

All in favor of the motion, make it known by standing.

Will you count them, Mr. Secretary, please?

MR. PRICKETT: May I ask a question? Are associate members permitted to vote?

MR. WISE: In the absence of the director.

MR. SCURLOCK: Seventeen for the motion.

Opposed by the same sign?

The motion is defeated. That means that there will be no testimony during the current session of Congress. What we present to you a year from now is something else.

MR. BROWN: Mr. Chairman, in view of the fact we aren't going to testify, I move that we not consider the $3 registration fee for the moment.

MR. SCURLOCK: Is there a second to that motion?

MR. MEYER: Seconded.

MR. SCURLOCK: All those in favor say "aye."

(Chorus of "ayes.")

Opposed?

(Chorus of "noes.")

The "ayes" have it.

Now, I wonder if we could have a motion approving the report with the changes that have been made, and recommendations of the Executive Committee.

MR. BROWN: So moved.

MR. SCURLOCK: Is there a second?

MR. OLIVER: Seconded.

MR. SCURLOCK: Those in favor of the motion, make it known by saying "aye."

(Chorus of "ayes.")

Opposed by the same sign?

(No response.)

MR. SCURLOCK: I am informed that Miss Switzer is occupied with some other things at the moment, but she is to be here at 11:30 a.m. and she has a pretty crowded schedule. At 11:30 a.m. she will conclude her remarks to this meeting of the Council. So if we may, I think we will move, immediately, to the Committee Reports.

Mr. Howard has just called my attention to another item that has to do with the 1960 meeting, and perhaps we should have some discussion on this matter.

You recall that Mr. Wilson, yesterday, representing the International Society for the Welfare of Cripples, spoke of this meeting that is coming. The International meeting is to be held in New York City next year, and I

believe it is the last week in August or the first week in September. There has been some discussion that instead of having a Spring meeting next year at this time, that this Council might meet in New York at the same time as this other meeting.

Now, there is something to be said for that. There are also some other considerations. Some people have difficulty in getting more than one out-of-state trip during a fiscal year, and you have a National Rehabilitation Conference coming up in about six weeks after that meeting. I am particularly interested in that one because it is going to be held in my home town. I certainly want to see all of you folks there.

Now, I just throw that in for what it is worth. I would like some expression of sentiment on how you feel about this. Would you want to meet next year at the same time we have been meeting, and meet here; or would you prefer to have the meeting in New York in connection with the other meeting, or would you prefer to do both?

Now, there are about three questions all wrapped up in one.

MR. YODER: I think it should be pointed out that if the States Council were to meet in August that the problem of out-of-state travel, which is becoming a great problem, is compounded considerably because, as you know, the American Association for the Blind, generally meets in the summer, and the National Rehabilitation Association in October, and to secure travel during the month of August for a meeting would be virtually impossible.

I believe that the State government has come to the point of recognizing the basic value of this meeting which has, for some period of time, been conducted in May, and there has been very little problem in getting approval for attendance.

I think it would be a serious mistake to secure adequate participation in the States Council meeting, if it were to fall between two major national meetings. I don't think that it would be practical or possible, at least from our agency's point of view, for us to make one or more of those meetings.

MRS. MORRISON: I would like to speak to that. It is very difficult for us to get out-of-state travel. I know that for one to come to a meeting in May and then to get to the World Congress in August, it would be just impossible, but if it could be combined, there might be a possibility.

I don't know whether other people are in as tight a situation as I am or not. I think this is something we should take advantage of even if we have to try to change other meetings in order to do it all in one piece.

MR. HENLE: Is the NRA changing its date in order to combine with the World Congress?

MR. SCURLOCK: No. They are having their meeting late in October.

MR. MEYER: It seems to me that they are the organization that should.

MR. SCURLOCK: You may have a point on that. I don't know. That is something I am afraid we have no control over here.

MR. HENLE: I would suggest consideration of the appointment of an ad hoc committee with liaison with the World Congress--an open-ended committee of 30 or 40 members--that might meet in August or September--the last week in August, the first week in September--with the World Congress, then you would have this meeting in May, and have a committee meeting with the World Congress.

MR. SCURLOCK: You might have something there. That might be one way of handling it.

MR. BROWN: Mr. President, I suppose if we move our meeting over to August we would be wrecking the Constitution which says that the officers will start serving in the Spring meeting. Your officers will start serving for lopsided terms, again.

MR. SCURLOCK: It seems to me that if we abide by the Constitution we have to go through the motion of having some sort of a meeting in the Spring. Now, how much of a meeting it has to be, that is something else.

MR. SCHULTZ: I make a motion that we hold our Annual Meeting in May, next year, as we have done in the past.

DR. MACFARLAND: I will second it.

MR. SCURLOCK: Is there any discussion on that? Are you ready for the question? I would like to ask the lady from Hawaii, who was so kind as to bring me a flower a while ago, is this going to make it difficult for you to get here for both meetings?

MRS. MORRISON: I am going to answer that with another question. By having the meeting in May as usual, would that prevent having another official meeting of the Council at the time of the Conference?

MR. SCURLOCK: We will try. I tell you, we will try awfully hard for you.

(Laughter)

You have heard the motion. Are you ready for the question?

All in favor of the motion, make it known by a show of hands.

Will you count them, Mr. Secretary, please?

Twenty-eight.

Opposed by the same sign?

Twenty opposed.

The motion is carried.

At this time we have fifteen minutes.

The first committee I have on here is Mr. Wise. Can you handle yours in that period of time?

MR. WISE: Yes, sir.

The Committee on Administration met on May 4, 1959, in Room 3023, North DHEW Building, to discuss plans for future activities. Mr. Owen F. Wise chaired the meeting and all members were present with the exception of Mr. Paul G. Conlan of Michigan, Mr. Aud F. Darr of New Mexico, and Mr. Harry E. Simmons of Florida. Mr. Voyle C. Scurlock, the previous Chairman of this Committee, was also present during the early part of the meeting.

The first topic discussed was the matter of a follow-up training course to the first series of Seminars on Administration held during the last two years. In this connection, consideration was given to a summary of the responses by participants in the first series of Seminars obtained in a Questionnaire distributed last year by the Committee on Administration. This summary was considered valuable in the sense of showing a very favorable reaction on the part of those who had attended these Seminars. Of the 86 State Directors submitting responses, 77 indicated that they felt a follow-up training course for State Administrators would be helpful.

The Committee agreed that some type of follow-up seminars should be conducted during the next fiscal year, but before considering the question of mechanics it was felt that some exploration should be undertaken of the various kinds of administrative problems confronting the State Directors which need attention.

Among those problems considered by the Committee were the following:

1. Use of State Advisory Councils to provide the State Director with some guidance on development of research and demonstration projects.

2. Statistics and Reporting.--The Committee agreed to meet with the Subcommittee on Statistics in the afternoon to consider this special problem.

   And you will have a separate report from Mr. Anderson on this matter.

3. Public Relations.--Some efforts have been made to help States in this area but more attention needs to be given by OVR to helping the States by institutes and other devices.

4. Fiscal Planning Problems.--One of the biggest problems confronting State Directors is that of working with State legislatures in obtaining adequate appropriations for carrying on an expanded program of services for the disabled.

More information is needed about the problem of disability on a State-by-State basis in order for State Directors to portray the full story of rehabilitation to legislative and other public officials. The knowledge thus acquired through special studies and research procedures would be very helpful in obtaining additional State funds.

It was brought out that OVR could be very helpful to State agencies in developing better management practices through an active and positive program of consultation on the analysis interpretation and use of fiscal data.

5. Caseload Management.--In order to provide the basis for establishing general guidelines for use by State Directors in their own programs, special studies need to be made of caseloads for counselors serving general disability and special disability groups; counselor-population ratios; and counselor-supervisory relationships.

In discussing these and other administrative problems, it was suggested that community research laboratories might be established in university or private agency settings for the purpose of conducting research and demonstration projects which would provide the kinds of information most useful to State agencies. These laboratories might be financed by OVR with the State agencies providing the necessary data and material upon which the research findings would be based. Neither the States nor OVR are in a position to carry such a program through separately or jointly. On the other hand, it is suggested that an outside sponsor in cooperation with the States and OVR can review problems of administration objectively and without bias.

By way of illustration, reference was made to the University of Minnesota which has a strong interest in rehabilitation from the standpoint of its medical facility. It also has strong schools of public administration and business administration as well as a tradition of conducting effective research into State and local problems. Another example given was that of the University of California in which a combination of schools might be brought together to study a variety of administrative problems. The WICHE Conference is a good illustration of this kind of coordinated effort.

Somebody else would have to explain just what that is.

The Committee felt, however, that before community research laboratories could be fully developed some preliminary planning and activity should be undertaken by the Council and OVR.

Now, the meat of the whole report is as follows: In its further deliberations the Committee considered a proposal whereby a seminar or seminars might be conducted by OVR during the next fiscal year for purposes of combining a follow-up training course to the previous series of seminars and providing a workshop opportunity for Directors to assess their needs in the field of administration, identify specific administrative problems, and further develop the concept of community research laboratories for carrying out special studies in these areas. This would be a mutual exploration of administrative problems by State Directors in a training atmosphere. The techniques for conducting these seminars cannot be spelled

out at this time. However, this Committee recommends that two of its members join with two members from each of the Committees on Training and Program Development for the purpose of advising further with appropriate OVR personnel on the possibility of conducting such a seminar. If the decision is favorable, this group would work with OVR in developing an outline of subjects to be covered and the techniques to be followed.

It was strongly urged by the Committee that both State and Federal representatives participate actively in the seminar proceedings.

Now, you remember, the last seminars we had. The Federal people both on the regional and national levels met but said nothing. We think maybe that this is something that both groups ought to participate in. A committee of six--two people from each of the three Committees--would work this year with OVR officials on the idea of establishing probably one big seminar or a big workshop at some central location or some location in the country, and it would be sponsored and paid for from the usual Section 7 training funds. That would call for probably a week of our time during the next fiscal year to come together on the matters discussed here, and work out the details.

I recommend that this report be accepted as written.

MR. SCURLOCK: Is there a second to that motion?

MR. MEYER: Seconded.

MR. SCURLOCK: Is there any discussion?

All in favor of the motion, make it known by saying "aye."

MR. CUMMINGS: Does the Committee propose one large workshop from the whole group or region, or several workshops?

MR. WISE: Actually, the proposition was not determined as to whether we would definitely recommend or whether this group, as they met here and went over it, would come up with one, but a strong indication in our Committee on Administration was that it would be a highly advisable proposition. As far as I am personally concerned, and the members of this Committee on Administration are concerned, it appeared to be more advisable to do that and divide up into groups, maybe small agencies meeting at the same time. Larger agencies have problems of administration.

MR. SCURLOCK: Is there anything else?

Are you ready for the question?

All in favor make it known by saying "aye."

(Chorus of "ayes.")

Opposed by the same sign?

(No response.)

The Committee Report is approved, and we thank you very much, Mr. Wise, and the members of your Committee.

I think we have a proposal here which can mean a great deal to the further development of some of the things that have been started in the field of training administrators.

Miss Switzer is due in about two minutes. I wonder if you would stand and stretch, but don't leave.

(Whereupon, a brief recess was taken.)

MR. SCURLOCK: After Miss Switzer has finished with her remarks this morning, I would like to suggest, if I may, that we have one further Committee Report before we go to lunch, and that will be the report of the Subcommittee on Statistics. I don't think it will take but just a little bit of time.

MR. SCURLOCK: We are happy to have Mary with us again this morning, and I know she is terribly rushed, and she has to crowd in an awful lot of things, particularly when this group is in town. That perhaps makes it more difficult for her to plan her day than otherwise. We are happy to have her at this time for anything further that she cares to say to the group.

MISS SWITZER: Thank you, Voyle.

It has usually been traditional for me to say the au revoirs and final alohaes at Council meetings, and since I have to go over to the Department of Labor this afternoon, to an important meeting there--everyone is in town and decided as long as so many people were in town they would have all these meetings, and it is all very well for the people who come to town, but it is kind of hard for those of us who are here--which I committed myself to attend some time ago, I was afraid that you would be through this afternoon before I got back, and I have only one or two comments that I would like to make based on yesterday's presentations and the implications of the day for our long future.

I was glad that you had an opportunity to get the flavor of the Secretary's way of operating, and to see his genuine interest, first of all in learning. I think it is a great tribute to you and to our program that he would give a whole afternoon to just sitting and listening to what we were talking about, and then be available for the questions that you asked him.

I was delighted also at the questions because I think it gave an opportunity to let you see what his philosophy is and how he does relate one thing to another, and particularly to our rehabilitation program.

I thought that maybe, as I listened to the projects yesterday afternoon, particularly, I thought the morning presentation was quite obviously and directly tied in with some of the work that most of the State agencies are doing in the field of rehabilitation of the older handicapped person,

and I felt the presentation was pinpointed to our own, immediate, operating problems, and that, of course, is a direct reflection of the project director's interest and knowledge of rehabilitation, and I think in the afternoon program, as we think about it, and as we reflect on some of the points that were made, by each one of the project directors, we will see more and more in it for rehabilitation.

And one reason we selected Dr. Spencer and the Baylor project was because of a development which I meant to mention yesterday, and forgot to mention.

A number of important medical groups have been in touch with us rather more intimately over the past year. Their interest has grown out of the discussions that have developed on the independent living legislation, and that discussion has led to rather definite findings and observations made to the Secretary and to me of the failure of our Office, first, to have as adequate medical direction as we should and the need for ever increasing and improving the medical components of rehabilitation in the whole Federal-State program.

Now, I think this involvement of the medical profession generally and the recognition of the best way to utilize medical consultants and the whole field of medical rehabilitation varies greatly on the kind of program that a State chooses to give emphasis to. In the light of your developing interest in the severely disabled with very complicated medical problems, with our increasing emphasis, it will certainly be intensified in the coming year, as was well brought out yesterday. All of this does point up, for me, the importance of emphasizing anew and revitalizing our own ways to improve medical consultation.

So, to that end, I invited a group of our most reliable medical friends and consultants to join with us about a week or two ago to go into this whole matter and their recommendations were not very surprising or mysterious.

They were definite in their belief that the rehabilitation agencies have the point of view and the philosophy that the modern physician wishes to bring in his practice of medicine. There was no disagreement and no compromise. It was very encouraging to hear this.

Included in that group were two State medical consultants, one in the field of mental health and one in general rehabilitation, and we had a very fine, affirmative discussion of ways and means in which we could improve our medical involvement.

We have a number of very imaginative and fine medical colleagues doing research and trying out new methods in this whole field of medicine. We felt that one of those projects, which comes from a place that has a variety of things going on with multiple support from a number of different sources, would be something you should hear about, because it will be through people like Dr. Spencer and his colleagues in various places throughout the country that our State agencies will get improvements in this and a better relationship with medicine, as a whole.

I think Mr. Brown told me that Dr. Spencer came to Austin and made one of the most eloquent statements in support of Mr. Brown's budget that had ever been made to the appropriate bodies in Austin. This is a very direct result of his involvement with us in this kind of project relationship, his understanding of the need, his interest in developing to the fullest extent possible the public program in Texas.

If the findings and the project and the kind of things that research is being done in, seem a little remote today from the questions that the counselor would like answers to in his daily work, as the story unfolded, and as the results of the service in this institution, where the research is being done were visible by the slides, it became clear, I think, that there will be many ways in which the assessment of the physical capacity and its relationship to the social and other non-physical elements can be applied quite directly to the day-by-day job of all of us, as we go ahead in this program and as we move into what we have become accustomed to referring to as "rehabilitation for independent living."

And the practice that Dr. Donahue spoke to, which is tying in, perhaps the lowest level of care for people, which takes place in common homes and bringing rehabilitation philosophy in there, I thought was quite thrilling, and I was surprised, in a way, at how much had been done. It always impresses me that the minute a few people organize themselves to do something about the most difficult situation you can think of, sparks begin to fly and things begin to happen.

And while you do, of course, have to consider dollar values on a case-by-case basis in any operating program, and you do have to divide your money and make it go around and do the best job, isn't it wise and encouraging that we do have a source of support for this type of demonstration which does not interfere with the State program financing, but which does provide over and above that in method and mechanism to go into areas that we, perhaps, could not attempt to serve under other conditions?

I hope that these three projects did for you what they did for me: that they underlined the value of attacking something that is almost impossible of accomplishment and demonstrating that it can be done no matter how much it costs. For the moment, we are not considering that. And if we can prove that it can be done, and we can prove that perhaps better methods of delivering the service, environmentally and in organizational patterns can reduce the actual costs per individual, then we can begin to see how we can better serve all our people.

And I feel that, for the immediate problems that we are going to be faced with solving, these three projects definitely did bring to us some vision and some hope. But perhaps as important, it brings the knowledge that first-class minds in traditional educational and research settings, with a highly dedicated philosophy of service, are addressing themselves to these difficult areas of rehabilitation.

Actually, there is limitation to the areas in which we could be working. Only the imagination and the stimulation that comes from working together can bring other projects which may have more immediate relevance to some of our own special areas of interest.

We do feel, therefore, that yesterday's session will be more valuable in retrospect, perhaps, as you think about the things we learned. And I think all three project directors were good teachers in that way.

My only regret was we did not have time for more general discussion.

So, now, as we close another Council meeting, or as I make my last remarks to you, I would like to say that I think it has been one of the best Council meetings in many ways.

I think we will, from yesterday's work and discussions, not only from our own project part of it, but from the Secretary's interest, from his ability to see how we have tied together all parts of our program, look forward to another year of increased activity, increased interest and increased support. And I certainly hope that we can all measure up to what people expect of us.

I feel that rehabilitation is like what a British commentator said about colonialism in British foreign policy: Colonialism was a minor issue treated in a major way.

Sometimes, in a whole constellation of health and welfare and education services, in this Department and throughout the country, rehabilitation might be a minor part, but it certainly has to be treated in a major way in order to accomplish our goal and I pray for myself and for all of us that we have the strength and the patience and the talent and the zeal to go forward and continue as we have and try each year to spread the horizon a little farther and make the glow of sunset a little brighter, to last a little longer, so that when we come together a year from now, we will have new stars in our constellation, and be on our way with the rockets to outer space. I wish you Godspeed and thanks for everything.

MR. SCURLOCK: I like to watch the faces of people in a program of this kind, and I particularly like to watch them when Mary is talking. You do something to your audience, Miss Switzer. You always sort of lift them up. That is one reason why you are the great leader that you are.

At this time, if I may, I am going to call on Mr. Anderson of Virginia to bring us a report from the Subcommittee on Statistics.

Mr. Anderson.

MR. ANDERSON: The Subcommittee on Statistics approves in principle the following proposal by the Office of Vocational Rehabilitation:

In the interest of making more staff time of the OVR Division of Statistics and Studies available for single-time studies of emerging problems of special interest, and available for providing consultant service to State agencies when and where requested, OVR proposes:

1. That, effective July 1960, it will cease to get closed case reports (R-9) on individual cases but, instead, will receive tabulations from each State agency, covering a limited amount of information of the type now gotten on R-9;

2. That, in addition to the information thus reported to OVR periodically, the State agencies will be asked to keep, in their records, specified information which will be available for single-time studies if and when needed; this additional information probably being also on closed cases;

3. That, if possible, the information mentioned in points 1 and 2 above (reporting and record-keeping) will, in combination, be less extensive than that now reported on R-9;

4. That OVR will shape up its ideas as to the minimal information needed under points 1 and 2 above (reporting and record-keeping) and, after consultation with the Committee on Statistics, will submit its plan to all State agencies, for comment as to adequacy and on other aspects;

5. That, if an adequate justification is made by the State agencies for adding or dropping items of information in the plan, OVR will then modify the plan accordingly;

6. That, until June 30, 1960, R-9 reports on individual closed cases will continue to be submitted to OVR.

Mr. President, I move adoption of the Subcommittee's report.

MR. SCURLOCK: May we have a second to the motion?

MR. MEYER: I will second that.

MR. SCURLOCK: Those in favor of the motion, indicate by saying "aye."

(Chorus of "ayes.")

Opposed?

(No response.)

MR. WISE: You know, a year ago, I thought this R-9 that came out was terrible, but it was the finest thing that ever happened. It killed the whole darn idea.

(Laughter)

(Applause)

MR. SCURLOCK: I wonder if I can have your attention for a moment with reference to the afternoon program. Now we are at the place we were supposed to have been at the time of the coffee break this morning. That is all right. We are not going to require as much time as we have allotted for the afternoon.

Originally we had scheduled for the afternoon a film called "Second Harvest." I am going to suggest that we have the film at the close of the afternoon session after we have finished with the reports, and I wonder could we be back at a quarter of two?

MR. MOORE: I would like to make it 1:30 p.m.

MR. SCURLOCK: How many would like to make it 1:30 p.m.?

We will start this afternoon's session in here at 1:30 p.m. When we get the committee reports out of the way, we will go on with the film.

MR. MARRIN: I have some things I would like to do this afternoon. I would like a showing of hands. If there is going to be a handful to see the film, I would like to know.

MR. SCURLOCK: You mean right now?

MR. MARRIN: Yes. I won't show the films now. I want to get out to lunch, but I want to know who wants to stay after the meeting this afternoon to see the film. If we have a showing of hands, we can find out if it is worthwhile showing it.

MR. MOORE: Could we see the film between 1:15 and 1:30?

MR. SCURLOCK: Let's see if we can get this settled. I think all Andy is saying is that if we are going to show the film after the reports and there is going to be nobody here, he doesn't want to come back. That is what I understood him to say.

MR. MARRIN: I didn't say that.

MR. SCURLOCK: How many are going to stay to see the film? Let's see the hands.

(Large showing of hands.)

(Laughter)

MR. SCURLOCK: Does that satisfy you?

MR. MARRIN: Yes.

MR. SCURLOCK: We will adjourn until 1:30 p.m.

(Whereupon, at 12:00 o'clock Noon, the meeting was adjourned until the afternoon of the same day.)

AFTERNOON SESSION

1:35 p.m.

MR. SCURLOCK: We are going to continue with committee reports, but before I call for the first one I would like to make a comment or two on the matter of Committees.

When the new officers came in we started taking a look at the whole Committee structure for the Council and we discovered we had all sorts of Committees, many of which had been set up to serve some purpose that had long since been accomplished, but we still had the Committee. We even had a Committee on Gavels.

We came to the conclusion that the only thing to do was to really give some serious study to this matter of Committee structure. We don't feel that the study is complete, by any means. We have set up a few Committees in some areas where we feel that there is need for some very important work--a Committee on Administration, a new Committee on Program Development, a Committee on BOASI Relationships, a Committee on Training, and there are some other needs which we haven't fully developed as yet.

But I want to assure you that this kind of thinking will be continued. We hope to develop some further Committees in areas where study is needed and we hope to have as much participation as possible in this Committee work on the part of the individual members of the Council.

I wanted to make that statement because I felt that it was needed for a full understanding of some of our thinking.

I would like at this time to make an announcement. I am asking the officers--the Secretary and the Vice-President--to meet with me just a few minutes after we break up this afternoon.

I think we will now continue and the first Committee report will be made by Mr. F. Ray Power, of West Virginia, Chairman of the Committee on Program Development.

Mr. Power.

MR. POWER: This is a new Committee. We had our first meeting Monday. I think everyone who was there was pleased with the turnout. The attendance was very good. Some members of the Committee were not present, but they were sick or had some other reason for not being there.

I want to thank each member of the Committee for being present and for the contribution which he made to the meeting. I will now read the report.

1. There is an urgent need to take a long-range view of our programs and assess whether or not our administrative organization provides the basis for meeting effectively our growing responsibilities. The Committee discussed at some length (a) the present pattern of organization under State Boards for Vocational Education, (b) the need for direct access by the Director to the Board, (c) the

advantages and disadvantages of independent commissions, (d) the status of programs for the blind within independent commissions and (e) the advantages and disadvantages which might exist if the rehabilitation agencies become State departments under direct authority of the Governor.

Each State agency has the responsibility to examine its organization and structure, its location in State Government, and how it can best meet its present and future obligations. Since these matters directly affect the development of program services and relationships with the other agencies, the Committee recommends that the Executive Committee of the States Council assign study of this question to the appropriate committee or committees of the States Council.

This seemed to be very important, this matter of the organizational set-up of rehabilitation agencies at this time. As you will recall, if you are old enough, the organization set-up for vocational rehabilitation was originally dictated by the Federal Government as to where it would be placed in the State agency, and is still dictated pretty much. However, we have a 1920 model that has been revised a little bit by 1954 legislation.

We as a Council never took any steps so far as I know to give any help to a poor State Director who might want to improve his organization set-up in the State. This is a difficult thing for a State Director to do, to modify his legislation and provide for a different set-up even though he thinks his situation is capable of improvement through such action.

So I think in the light of that, the fact that this is an old set-up, that a number of people tell me privately that they do have a problem that they think might be remedied by a better set-up, that this is a matter that is worthy of consideration.

I will not say any more about that but will go on with the next recommendation.

2. Looking to the future, the Committee considered the problems confronting States in financing the present and expanding rehabilitation programs. Consideration was given to whether present sharing of costs between the Federal Government and the States enhances or retards the growth of the program. Consideration was also given as to how financial responsibility should be shared by the Federal Government and the States in any new programs which might be enacted. The Committee did not take or recommend any action on these questions at this time.

This, the Committee felt, is an important problem in the State operation of the program. Since Public Law 565 in 1954, there have been some changes in the legislation where there is arrangement for cooperative effort between the State and Federal Governments.

You remember the interstate highway program where there is a 10 per cent contribution locally and a 90 per cent contribution at the Federal level. We have a defense education act in which the ratio is pretty much the same. It might be a good idea to look into this.

I come from a State where we earn all the money that the Federal Government will give us for vocational rehabilitation, and we have money left over of State appropriation. We need all the money we can get to rehabilitate the disabled people in our State, and we are not rehabilitating through independent living. And yet before our conference here is a proposal to broaden our program to rehabilitate for independent living. I don't know where I would get money for that because under the present set-up I am using money or will be using money this coming year that will not be matched with Federal funds. And money is necessary for this program.

So, while we didn't make any recommendation, it is a serious problem at least for many of us.

3. The Committee discussed the Health for Peace Bill (S.J. Res. 41), which provides, among other things, for research and training in rehabilitation on an international basis. It was the consensus of the Committee that this is good legislation and would bring advancement to total rehabilitation programs of this and other nations. The Committee accordingly recommends that the States Council commend this bill for favorable action by Congress.

4. The Committee commended the Executive Committee of the Council for its support of the pending "Rehabilitation Act of 1959" (S. 772 and H.R. 1119) and urges the continued support of the provision which insures administration of this program by the vocational rehabilitation agencies. The Committee further recommends that each State vocational rehabilitation agency begin now to consider ways of implementing this proposed legislation so as to be able to meet effectively the challenge of this bill when it becomes law.

This organization set-up I personally feel is one of the ways we might get ready. At least we might think that through. I didn't say a while ago, but I do want to say that since this is a delicate sort of thing to work on, I think as a Council we would be justified in getting a review of this by some research organization set-up in the State for vocational rehabilitation. I think it might be very worthwhile looking to the future.

In this connection the Committee wishes to point out that ten States already have legislation which would permit the State vocational rehabilitation agencies to participate in this program and that legislation is pending in five additional States.

5. The Committee recognized and pointed out the serious shortage of rehabilitation facilities and workshops, and questioned whether this shortage will be overcome under existing legislation. Title III of the proposed "Rehabilitation Act of 1959," the Committee feels, will provide a means for meeting this deficiency. In view of this pending

legislation, the Committee recognizes the need for each State agency to consider immediately the development of standards and sound operating procedures for the effective administration of grants for the establishment of workshops and rehabilitation facilities. The series of conferences now being conducted on the development of standards for workshops should be helpful to the State agencies in the development of their own standards.

This kind of thing, this setting up of standards that are acceptable and meet the requirements, is something that I have felt a need for very much in recent years. If the rest of you feel as I do about it, I am sure you will get behind this recommendation and try to get uniform standards proposed. I think it would help a great deal.

6. In addition to the direct contribution which the research and demonstration program is making, it is contributing beyond expectations to acceptance by other agencies and organizations of the rehabilitation program. This program should be further expanded so that there are research and pilot projects on all of our unresolved rehabilitation problems.

State vocational rehabilitation agencies should make greater effort to participate early in research and demonstration projects as they are being developed by other agencies. One suggestion for achieving this would be the use of an advisory committee having broad representation. The Committee feels that research and demonstration findings should be broadly disseminated. The results of on-going research programs and those to come in the future can do much to improve the national rehabilitation effort.

7. The Committee commends the President's Committee on Employment of the Physically Handicapped for its continuing efforts on behalf of the employment of the handicapped and for its support of Vocational Rehabilitation.

I want to make one more acknowledgement. I deeply appreciate the assistance that was given in connection with this meeting and this report by the OVR staff, and I especially want to thank the recorders for having written such a good report.

Gentlemen, I move the adoption of this report.

MR. SCURLOCK: Thank you, Mr. Power. Is there a second to the motion?

(The motion was duly seconded, put to a vote, and carried.)

MR. SCURLOCK: The report is approved.

I would like to say this about this particular Committee. This is a new Committee and I think the possibilities are as great as all outdoors but it will take a tremendous amount of work.

The same thing applies to the Committee on Training. But this new Committee on Program Development is just getting under way and they have had one meeting. I think they have come up with a lot of ideas. But I think I can see a time ahead when this Committee may have a number of subcommittees working in various areas.

In this business of program development I think the report indicates that they are thinking in terms of program direction, and the kinds of cases we are going to be working with in future years. We saw some of these here yesterday that are carried on down to some very severely disabled persons. It seems to me we are going deeper and deeper into the barrel all the time.

What does that mean in terms of facilities and services? What does it mean in terms of relationships with other agencies--compensation, welfare, and so on?

I don't want to belabor the point, but we feel very strongly that there is a real challenge ahead for this Committee. I think there are all sorts of possibilities. And I am sure that Mr. Power and members of his Committee would be delighted to have any suggestions that any of you might have to offer.

The next report will be made by Claud Andrews, Chairman of the Committee on BOASI Relationships.

Here is a Committee, I think, that has done as much work as any Committee ever has.

MR. ANDREWS: Mr. President, ladies and gentlemen, I made most of my report some weeks ago. I know that some of you read it because you wrote me about it.

This Committee meets, as is generally known, in joint sessions with representatives of the BOASI. The agenda for these meetings is planned jointly with the Bureau and matters discussed are of joint interest to both the States and the Bureau. Minutes of these meetings are distributed to all State Directors following each session. The Dallas meeting in January of this year was the only meeting held since May of 1958 and the minutes of this meeting are being submitted for the formal report of this Committee.

The meeting of May 4 during this session of the Council as a whole was attended by 4 members and 3 of the Consultants and three visiting State Directors. It was not an action meeting, however suggestions for the consideration of the Committee were received from several States in response to the Committee's April 9 letter and these were reviewed and some will be considered at a later meeting of the Committee when it meets with the Bureau.

The Committee recognizes that the impact of OASI referrals on State agencies was still a problem and that studies directed toward the improvement of screening and rehabilitation assessment of OASI referrals should be undertaken to develop improved techniques in this area.

It recognized also that the State agency role in case development for disability and rehabilitation consideration should be explored fully with BOASI.

There were other problems related to confidentiality of information and disclosure to agencies with which State agencies have close working relationship--Public Welfare, Workmen's Compensation and the like, which required consideration.

Committee members discussed briefly some current studies which, when completed, will be of vital interest to the States.

Mr. Shute of New Hampshire reported a special study conducted by his agency of 50 OASI referred cases, 17 of which were found to have positive rehabilitation potentials. Costs for providing services needed were estimated at $12,500.

Mr. Novis of Connecticut reported as follows in regard to a study now underway which is designed to develop a scale for Quantitative Measurement of Rehabilitation Potential:

1. A scale was developed which provides for the objective weighted rating of certain important factors in case data, in order to make an initial screening of rehabilitation potential.

2. In order to test validity and reliability of the scale, a group of 100 cases were rated for rehabilitation potential by a team of regular rehabilitation counselors and by a team of counseling psychologists from the Veterans Administration. The case records were also rated by the adjudicating counselor and on the new scale. Ratings were independent for each group.

3. Statistical comparisons between all the groups have been computed to test reliability and validity of the new scale. Results thus far are very encouraging.

The Committee also had a progress report on plans for a research project to be undertaken by the University of Pennsylvania, co-sponsored by the Pennsylvania State agency and the BOASI to study the current methods and practices in evaluating rehabilitation potential and disability for benefit purposes.

In view of the letters received from Directors relative to the disability determination program particularly with reference to the regulations on confidential information, the procedures used on Form 851 referrals, the questions raised regarding clerical staff needs, the desire for a greater exchange between States and the Bureau of ideas on various types of administrative procedures it was felt that a meeting of the Committee and Bureau representatives should be held within a few months. The Chairman agreed to suggest this to Mr. Hess.

It is contemplated that this Committee will probably have another meeting some time in the late summer and possibly before the NRA meeting.

I believe, Mr. Chairman, this is the extent of my report, and I move its acceptance.

MR. SCURLOCK: Thank you. Is there a second to the motion?

(The motion was seconded.)

MR. SCURLOCK: Any discussion? Questions? Comments?

MR. CUMMINGS: Mr. Chairman, just one observation--I don't know whether this is a question or a comment--but a general comment that I would like to make.

It has been my impression that some of the weakness in the BOASI relationship stems from the fact that instead of presenting rehabilitation to the individual as an opportunity, it becomes an obligation or a means of affecting his eligibility for financial benefits or his ineligibility for them.

I am just wondering if the Committee in its further deliberations on this matter could work with the Bureau to put the emphasis in a more constructive light so that there is less of the problem of the penalty involved, and more of the stress put on the voluntary acceptance of rehabilitation service.

This is a rather general and involved situation and I think that basically there are two streams of thought that are not running in the same direction.

MR. SHUTE: It appears to me that the social security version of what is disability is moving away from the standard of severity set back in 1955 when if you could do any job anywhere in the country, you were out.

I am not sure whether this group is aware that that standard has been relaxed appreciably in the last several months, that it has moved a good way toward granting disability if you can't do your own job. This was somewhat of a shock to me to discover, and I have been fairly close to it.

This has an implication for rehabilitation which I think is worth some study. I am sure the Committee will look into this angle of it. It is going to be less and less a consideration in the future. The rehabilitation potential is going to be less and less considered.

MR. ANDREWS: I think that the comment that has just been made is perhaps in line with trends. I do not believe, though, that the actual written standards have been modified and that the effect of which you speak is actually the attitude taking place between the Bureau and the States.

I am not in position to speak for the Bureau on this question. I can only say that in my opinion the Bureau is giving very careful consideration to the present standards, and I think that there has been a tendency to take into consideration far more than was true in the beginning--what you might call the non-medical factors, the effect of the disability on the individual in consideration of his abilities and his experience and all of the things that affect the individual rather than just to consider the medical reports and the actual physical condition of the individual.

I think though as of now the standards remain very much--at least in writing--what they were to begin with.

I think this is one area that I probably should have touched on. There is a movement, I believe, to give the Bureau representatives in the district offices more and more responsibility in the matter of referral for rehabilitation and also in the matter of case development. And one of the areas for further study on the part of your Committee is the extent to which we should rely on the Bureau personnel for development information.

There is a strong feeling on one hand that this was a responsibility delegated to the States through the act of Congress, that disability determinations would be done by States, and that when the Bureau has presented to you the information that it is supposed to gather, including the wage record and so forth, from then on it is the responsibility of the States to undertake such additional development as they deem essential to arrive at a determination.

On the other hand, there is the argument that the Bureau is in a position through its district personnel to gather a great deal of pertinent information. But, you see, this involves the question of jurisdiction and the question of which agency should do which thing. So I think this is an area for further discussion.

I am wondering, Mr. President, if at the next meeting of this Council the members would like to have an opportunity to devote considerable time to this subject and to have Bureau representatives present so that they could express their views directly rather than wholly through the Committee, and that the Bureau too, should have an opportunity to present its views and the problems it thinks might be involved.

We feel we have some understanding of many of these problems you raise. But the answers to some of your questions would involve the Bureau to the extent that I really feel that we probably should have representatives here. So, if you would like, your Committee would be glad to work with you on that.

MR. SCURLOCK: We have a motion before the house that the Committee report be adopted. Are you ready for the question?

(The motion was put to a vote and carried.)

MR. SCURLOCK: How many of you would like to have some general discussion of BOASI program relationships at the next meeting of the Council where we would have representatives of the Bureau along with our own group?

(Show of hands.)

VOICE: I would say on the policy-making level.

MR. SCURLOCK: The next Committee is the Committee on Training, Mr. Charles F. Feike, of Oregon, Chairman, which has done a tremendous amount of work and we think is doing an awfully good job.

MR. FEIKE: Thank you.

With the gradual dispersing of the membership, at least I have been assured that the members of the Training Committee will stay on hand to hear our report.

We do hope that the urgings of this Committee to you as directors regarding the importance of training won't affect you the way it did the chief of a cannibal tribe in Africa who, the tribe having noted, had schizophrenic problems with a paranoid tendency, and referred him to a psychiatrist and the diagnosis revealed that he had a bellyfull of people.

So we are full of training suggestions and have attempted to approach and attack and consider major areas or problems of training met and faced by State agencies.

You are being, I believe, now, handed a copy of our written report. We draw your attention to the fact that we neglected to list our consultants who are very important people who helped us very, very much. They include Miss Hillyer, Jim Garrett, E. B. Porter, and Jim Burress, particularly.

I will not attempt to read our report.1/ It consists of seven pages of recommendations and fourteen pages of exhibits, but you will find that it is a mother-lode of nuggets and gems, and you will have to definitely go into it if you are going to get the benefit of our Committee's recommendations.

This Committee has upon it, as listed on the final page, nine members, one person from each of the regions. We met in New York City in February. We met here on Monday.

Very, very briefly I would like to say a word about the major sections of our report. First, the item of priority--since our Committee was named to the task of training supervisors. The seven-step pattern which this Council approved last year has proceeded in fine shape and we have now completed five steps. The sixth and seventh are well under way.

There are, as you will note in the report, training councils being established in most of the regions. We feel now that the task is pretty much up to you gentlemen in your regions and in your respective States.

Another item that we have spent a lot of time on is the development of relationships with the National Association of Extension Services, a national organization which has a committee on rehabilitation. We have

1/ Training Committee Report in toto follows Proceedings.

included a recommendation and will later mail to you some information, and we are placing in the hands of the Association a mailing list of State Directors, so that in each instance you can contact your State Extension Service and make use of it in keeping its value to you.

The matter of orientation courses was discussed to quite an extent. We have made some recommendations, particularly in regard to action by the Regional Council on Training, which includes multi-regional orientation institutes for a two-year trial period, at the end of which there will be an evaluation to determine whether or not we would recommend that OVR continue them.

Again we are throwing the burden of that accomplishment on your Regional Council of Training.

A matter that came up in regard to the orientation courses but may apply to all institutes is that of the rate of reimbursement for institutes' participants. It was found that some individuals suffered a loss in attending those and rather than spell it out, I will again refer you to the report as regards the recommendation which we have been advised has been accepted by OVR.

In the matter of counselor training, I also particularly want to draw your attention to the exhibit which shows the characteristics of DVR counselors, particularly, between the period of 1943 and 1955.

As I say, we met in New York last February. The occasion was to represent you at the annual meeting of the University Graduate Training Program for Counselors, where their coordinators met. You will be interested to know that there are now thirty-four such grants for graduate training and that OVR is spending approximately a million and a half dollars this current year for the equipping of people to enter the field of rehabilitation.

Considerable discussion was held regarding adjustment training for blind applicants for rehabilitation counseling training. This, of course, is related to graduate programs. We again made a recommendation that there be an evaluation of applicants and present graduate trainees to determine their need for personal adjustment, and if they have need for it, they should be referred back to the State agency from the State in which they reside for personal adjustment training prior to their acceptance for graduate training.

Briefly, we would like to draw your attention to an action that was carried out by OVR upon our request, and that is the development of a professional library bibliography. We did not include it as an exhibit. We understand it will be issued to you and we strongly urge that you select from that bibliography those publications that will be helpful to your staff in your in-service training program.

We discussed at considerable length the training for DVR personnel in placement techniques. We felt that with all of the training in rehabilitation as a professional discipline there could be the danger of

counseling personnel becoming so professional that they may lose that great art of wearing out shoe leather in learning how to place people with the employer.

I would like them to read our one statement, the second paragraph on page seven, relating to placement.

"The Committee feels this subject is of major importance, and recommends that Regional Training Councils give serious consideration to its early inclusion in their planning for Regional in-service training institutes; that the GTP Workshop consider accelerating its work on this subject; and that State Directors stress its importance to University training coordinators with a view toward adding more material on placement to the curriculum for rehabilitation counselor training programs."

This we feel is a most important action.

One item that was not included in the report and it came too late, was that we were approached by the Committee on Program Development and the Committee on Administration, I believe, to cooperate with them to do an appropriate follow-up to the Director Seminars. Our Committee did vote and would like to participate in that activity.

Mr. Chairman, I move you the acceptance of this report.

MR. SCURLOCK: Thank you, Mr. Feike. Do we have a second?

(The motion was seconded.)

MR. SCURLOCK: The motion has been made and seconded that the Committee report be adopted. It is open for discussion.

MR. MEYER: I would like to rise to a question. Last June there was held in Washington a considerable gathering to discuss the problems affecting rehabilitation of the blind, and the major one among those was that of emphasis on placement. I was hoping that the outcome of that meeting might have been transmitted to the Committee on Training or that the Committee on Training might give more than just a passing phrase to the problem presented. They felt that was the bottleneck in the program for the blind.

I am just wondering whether this is the area that ought to consider that or whether it is completely out of order.

MR. SCURLOCK: I didn't get your last statement.

MR. MEYER: My question is that it seems to me that that problem of emphasis on placement may have a training aspect that we have overlooked or it may possibly come outside the area of training by way of special personnel or some other problem. But if it does come within the area of training, I am wondering if it had been considered by the Committee.

MR. SCURLOCK: I certainly think that the chairman of a committee and the committee would be interested in keeping in mind that factor in considering the whole program.

MR. GARRETT: I don't know quite what George is alluding to. I think everyone is familiar with the fact that starting or underway now at Southern Illinois University is a specialized training program devoted exclusively to the problems of placement of the blind. And this is a program which is planned on a year-round basis, a whole series of courses which are devoted to this problem specifically, and it is expected that this is nationwide in scope, and we would surely hope that all of the Directors, if this is what you are talking about, George, and I am not sure it is, would participate in that.

There is a separate report on placement and it does make specific mention in that report to this particular program.

MR. HRUSCHKA: Our Committee did give attention to this matter as Mr. Garrett has said. It is recognized by the Committee that this is a serious problem and that perhaps in the past much attention has been given to all other areas and that there should be some return to the early practice in vocational rehabilitation of job placement. Our Committee is concerned about this matter. We have the reports of the Employment Security Commission and other agencies which indicate the need for this.

MR. SCURLOCK: That is fine. Thank you. I think those comments ought to tend to reassure Mr. Meyer a little bit that the Committee is concerned about this aspect of it.

Are you ready for the question?

(The motion was put to a vote and carried.)

MR. SCURLOCK: The report is adopted.

I believe that concludes the Committee reports.

I would entertain a motion from someone that we compliment Mr. Marrin on sitting through the session this afternoon.

MR. MARRIN: On behalf of myself I do appreciate the interest you people have shown in seeing that I did come back here this afternoon.

I did want to say a brief word of introduction to this film because I saw Lon Alsup's film this morning, which he said cost $10,000 and I had lunch with Justin Johnson, and they spent $35,000 on "Employees Only," and John told me they spent a hundred grand on three or four films in their State; so before you see my $450 film I felt that a word of explanation was in order.

There are three or four points of significance about "Second Harvest." One, I didn't ask to have it shown here. This was the suggestion of one of the members of Mary's staff, which I felt was very gracious. Two, it

was an outgrowth of a Section 3 project. The significance of that is that somebody in OVR said this is the first Section 3 program in California where they saw some tangible results, so I appreciate their limiting it to Section 3.

The other point of significance, and this is serious, is that it deals with a really neglected group of disabled people, and that is our migrant farm laborers. We assigned a group of counselors to work exclusively with this shifting migratory group and they became so concerned and interested in the people and their problems that spontaneously two of the counselors started to make this film.

We became interested in what they showed us and we bought them some additional film out of "seventy-five percent money" and eventually it developed into a 30-minute sound film which was quite a sociological document. I told them they were attempting to compete with "Grapes of Wrath," that essentially we were a rehabilitation agency and we were not fighting the associated farmers of California.

We went through and edited and cut out the sociological material, housing, ragged children and what not, and one of the counselors (there are two who worked on this in their spare time primarily) showed an amazing talent for script writing and narration and he wrote the script. We were able to get sound added, so we now have about a 20-minute 16-millimeter sound film in color which cost us about $450--seventy-five percent Federal.

The prints are costing us about $125 and there have been five made already and OVR has purchased one. Thus far, it has been shown pretty extensively in the San Joaquin area, and I believe it may offer something of interest to those States who are not able to go out and pay $10 or $35,000 for a commercial film to show, that the old do-it-yourself spirit of the American way of life still prevails.

Thank you, very much.

MR. SCURLOCK: Thank you. I think that he brought out something here that is pretty important. I have heard a great deal about the film but I haven't seen it. Anybody that can make a film for $450 these days is good.

I wonder if it would be of value to State Directors generally if we could get something of the details of procedure, what they did, and how they did it to develop it for this amount of money and make it available as part of a news release to members of the Council. Would you like that? Would it be worth anything to you? May I see a show of hands, if you please.

(Showing of hands.)

Now, if I can make a suggestion for the benefit of the recorder and for an understanding on the part of all of us, if we can just close out very quickly this business session and be done about it, then we will go

ahead with the film, and I think we would not need to hold the recorder. I would like to mention one or two items and I don't think it will take me but a moment. Number one, this question of hotel. I mentioned it this morning, but just casually. We are already involved in this proposition of setting dates for the 1960 Conference, because this morning by your action you decided that we would meet in Washington next Spring. When we start to set those dates, we need to start negotiating with the hotel. We got all involved this time.

We would like to know from you if you have any strong feeling about it, how you feel, if there is no particularly strong feeling, why, we might make arrangements with either the Continental or Congressional, or somewhere else.

MR. MARRIN: Mr. Chairman, I have strong feelings in favor of the Congressional.

MR. SCURLOCK: I have strong feelings against the Continental.

MR. MEYER: I have strong feelings in favor of the Continental, but it is traditional.

VOICE: I feel the same way about it, the Continental was overrun by high school kids last year.

MR. SCURLOCK: I would take it there is not an especially lot of strong feeling.

VOICE: I just wish they would turn the air conditioning on. We could have used it.

MRS. MORRISON: I have one suggestion. I remember when I was here two years ago we had this particular session in the Raleigh and it was a kind of a smaller room and I think it brought us a little closer together, and I think it made for freer discussion than it was in this kind of an auditorium situation, and I would like to suggest that wherever we locate that this particular session be held in a like atmosphere.

MR. SCURLOCK: I think that is an awfully good suggestion, because this thing has bothered me this time, we have been scattered out all over, almost all the way. I have a feeling myself if we were in a smaller room it would be better.

Unless there is a motion made on this matter of hotel, we are going to take your silence to mean that the Executive Committee may use its discretion.

MR. MEYER: Mr. Chairman, I would suggest that in the review some attention be given to prices.

MR. SCURLOCK: There is attention given always to prices, I assure you of that.

MR. MEYER: I think it would be wise to have some real records on it instead of just guesswork.

MR. SCURLOCK: I would like to announce that if any of you have not received copies of the Committee reports, they are here on the table and you can pick them up.

I think now it would be in order that we have a motion that we close this business session.

(A motion to close the business session was duly made, seconded, put to a vote and carried.)

MR. SCURLOCK: I would like to express on behalf of the Council our appreciation to the members of the staff, particularly those who have served in a consultative capacity in working with the various committees. They have done a tremendous amount of work. They always have to do it. I sometimes wonder, I have wondered a lot in the past year, if they have not gotten terribly disgusted with me trying to keep me informed, and I am better than a thousand miles from here, calling on the telephone, preparing materials, and so on. They do a beautiful job of it and I know that you appreciate it, but I feel that there should be some way for us to express our appreciation to them. I am assuming that you will do that individually.

(Applause)

(Thereupon the meeting was adjourned.)

REPORT
of the
STATES COUNCIL COMMITTEE ON TRAINING
May 6, 1959

This annual meeting marks the end of two years of continuous activity of this Committee in the planning and development of training programs for personnel in the various rehabilitation specialties as employed by our agencies. Because of program expansion and the recognition of need for greater competence of the workers in this comparatively new field, there has been need for both short and long-range planning. Attention has been given to related problems that have arisen in connection with the nation-wide scope of our activities.

The membership of the Committee includes one director from each of the nine regions. Three meetings have been held during the past year. Of highest priority during this year has been the tri-regional program of training for the supervisors of our State agencies. As an introduction to our report, we believe it would be well to first list the policy of the Federal office in regard to training which establishes the OVR responsibility and also the responsibility of the respective State agencies. This policy is quoted from the publication entitled, "Training Personnel for the State Vocational Rehabilitation Program - Guide for Administrators."

PURPOSE - It, therefore, shall be the general purpose of the Office of Vocational Rehabilitation to utilize existing appropriations for training under the following order of priority:

1. To assist the States in training additional staff in the entire range of rehabilitation specialties as needed for expansion and in providing training for members of staff already employed on whom the demands of the new program may impose new duties, or whose previous training has left serious gaps in required knowledge and skills.

The Federal Office is primarily responsible for those areas of the State development program involving consultative services to the State and those areas calling for development on a regional or nation-wide basis, such as:

1. Calling the State agency's attention to needs for staff development made apparent through consultation, program reviews, and field reports.

2. Preparation of training materials for the use of the States.

3. Assisting the States through consultative services to plan and organize programs; specifically, to conduct training courses for State personnel responsible for staff development.

4. Working with universities and other training facilities to set up a curricula, including short intensive courses for present and long term training for prospective rehabilitation personnel.

5. Planning and conducting under particular circumstances specialized training programs based upon the State's needs; specifically, to conduc conferences and workshops on technical areas of the program where more effective training can be given to personnel from several States in regional or national groups. As professional training programs are developed in academic institutions, however, OV should gradually withdraw from training courses designed to provide basic professional content.

In practical application, the cooperative nature of the training program should be stressed. The State agency and the Federal office have personnel and facilities that complement each other; therefore, all available resources of both agencies as well as outside agencies should be coordinated in providing facilities for staff development. To the extent, therefore, that methods, procedures, and plans are worked out cooperatively, will a program of staff development reach its highest degree of effectiveness.

The Responsibilities of the State Agency

In the State-Federal relationship, the State agency is administratively responsible for providing high quality services to handicapped persons. Since the basic purpose of staff development is to improve the quality of services rendered to the clients, it is clearly a vital part of the operation of the entire program and, therefore, it is the primary responsibility of the State agency.

The State agency is primarily responsible for those phases of staff development which relate to the day-to-day operation of the program. These include:

1. Establishing standards of training and experience required for employment.

2. Induction and orientation of new workers or of experienced workers assigned new duties.

3. Determination of staff development needs.

4. Setting up standards of job performance.

5. Providing administrative and technical day-to-day supervision.

6. Conducting a continuous program of staff development.

7. Working with educational and other facilities in the development of appropriate training programs for present and potential rehabilitation personnel. (End of Quote)

It is immediately evident that this committee representing the State agencies has had a wide range of responsibility. We had some specific tasks which needed immediate attention which were dependent upon development of plans and proposals to OVR acting as an advisory or consultative group. Several long range planning tasks were undertaken. The following brief statements summarize the major areas of work and the conclusion or disposition of each:

I. Training of DVR Supervisors

During this past year the nationwide training program developed for supervisors in the State agencies has had high priority. The seven step pattern presented to, and adopted by the Council last year, has been carried out through Step 5. Upon the Councils' recommendation, OVR contracted with Harbridge House, to develop a core curriculum for supervisory training involving the case method, lectures, selected reading, and other media of training. After consultation with State agencies Harbridge House conducted three tri-regional institutes with one representative from each of the State agencies and a representative of a university from each of the regions attending. The final tri-regional session took place in Salt Lake City last month and according

to the reports received to date, we have accomplished the beginning of a long rang plan for the training of supervisors.

The universal acceptance by the State agencies of this plan for improving the skills of supervisory personnel is a good indication that we realize that well trained supervisors can make the difference between quality work by counselors and inadequate rehabilitation services to our handicapped. Progress made to date indicates that the chief objectives can now be attained as spelled out in Steps 6 and 7 of the accepted plan, namely:

6. To conduct supervisory training programs on a regional level to include the core curriculum content of supervision with such special emphasis as the needs of each region require.

7. To continue supervisory training programs at the State level as a primary responsibility of the State agency.

In this connection OVR is urged to develop guidelines, methods and techniques, as well as other technical materials that will be useful to the States in carrying on a continuous supervisory training program.

These above quoted steps represent the final action recommended by this committee. It is already evident that regional councils on training have been established in many parts of the nation. Our committee strongly urges that each State Director follow up the recently completed tri-regional training conferences and give every encouragement to his staff to develop adequate supervisory training by the individual State at the earliest possible date.

At our last meeting we learned that Step 6 is well along. The Committee takes this opportunity to express its appreciation for the effective and continuous consultation made available by OVR. A report on the present status of the training program is attached as an exhibit.

II Use of University Extension Services

During the past year, relationships have been developed with the National Association of Extension Services with the objective of utilizing State Extension Service facilities in our various in-service training programs. Through the good efforts of the National Association president, Dr. J. R. Morton, a Committee on Rehabilitation has been established so that they may be better equipped to meet the needs of the respective State rehabilitation agencies through a joint study of the work performed by rehabilitation personnel. We find that many State agencies have been using their State extension services extensively, particularly for refresher courses for experienced counselors. Mr. Adrian Levy of New York represented our Committee at their annual meeting held in Syracuse last month.

His report of a meeting with members of the Committee on Rehabilitation and with Dr. Morton resulted in a decision by the Committee on Training to reques that OVR call in consultants to develop an experimental or "model" extension service program that might be used by State rehabilitation agencies for in-servic training.

It was also agreed that the Committee will place in the hands of NUEA the mailing list of State Directors with the expectation that each State Extension Service will contact the Director of the State agency.

III Orientation Courses Sponsored by OVR

A survey made by this Committee in those regions where the orientation training has been reduced from two weeks to one week resulted in these recommendations.

1. That the OVR sponsored orientation courses for new counselors (3 to 6 months on the job) be limited to one week in duration.

2. That the course content be changed by removing "warm up" material that dealt with the elementary content of rehabilitation programs and substitute more basic practical content.

3. That consideration be given to discontinuing these regional orientation courses because

   a. Graduates of university programs in Rehabilitation are replacing the untrained recruit in more and more State agencies.

   b. Individual States are developing adequate orientation programs of their own.

4. That each region form a regional council on training that would examine the need for training in that region and notify OVR of its findings. (It is noted that some regions have already established a Council on Training whose present efforts are devoted to comprehensive training programs.

Subsequent study by the Committee led to the unanimous passage of the following motions:

"That beginning July 1, 1960, OVR establish multi-regional orientation institutes for the smaller State agencies; that this should continue for two years and then be re-evaluated, as to the feasibility of this responsibility being taken over by the individual States;

"That larger States be urged to develop and conduct their own orientation courses;

"That OVR be responsible for defining 'small' and 'large' States within the meaning of this motion."

IV Institutes for Experienced Counselors

As the emphasis on regional orientation institutes decreases, the Committe recognizes the need for carrying on a strong program of training for experienced counselors. In a survey by regional offices it was found that all recommended an increase of regional in-service training institutes. In the opinion of this Committee planning can best be done by the Training Councils in the respective regions. It is also recognized that other private and public agencies might be encouraged to participate in certain of the institutes.

V Rate of Reimbursement for Institute Participants

It was brought to our attention that some rehabilitation personnel have experienced financial loss in attending training programs in the past, particularly the new counselors at orientation institutes who were being reimbursed according with our first recommendation of $10 per diem. This matter was studied by our Committee and because of the variety of problems, it was difficult to arrive at a recommendation that would solve all of the problems faced by individuals from all of the States. It was found that in most instances, institutes had been held where dormitory facilities could be obtained at a rate lower than charged at the usual hotel. There were exceptions, however, which resulted in counseling personnel being faced with out-of-pocket costs for housing in a hotel, but was being reimbursed on the dormitory basis. Our Committee's final recommendation was that OVR recommend that those persons arranging for State rehabilitation personnel to do so at facilities that will be reasonable in living cost, but where such arrangements are not made, that reimbursement for expenses be permitted up to the $12.00 per diem and that travel be included in the per diem. The recommendation of our Committee has been accepted by OVR and commencing July 1, 1959, this rate will prevail in all new contracts.

VI Characteristics of State DVR Counselors

Following passage of Public Law 113 and Public Law 565 OVR maintained a record of some characteristics of rehabilitation counselors who were newly employed and, therefore, participated in regional orientation training institutes. Such items as age, sex, training and previous experience were covered. It is interesting to note that the percentage of new counselors coming into the program with experience and training in the field of education has decreased and that there has been an increase noted from the fields of Sociology, Psychology and Counseling. Furthermore, 90% of the counselors entering the program following Public Law 565 had at least a Bachelor's Degree with 32% having earned a Master's or Doctorate Degree. A copy of the report is attached as an exhibit.

VII Cooperative Relationships with University Coordinators

The membership of this Committee met with the coordinators of graduate training in Rehabilitation Counseling at their annual meeting in New York City, February 19 - 20, 1959. The State Directors present were acting in the capacity of consultants and participated in the program developed by the coordinators. The opportunity to represent the directors of the State agencies was appreciated. It permitted the discussion of mutual problems and allowed for the presentation of views by the potential employers of a high percentage of the graduates.

When our Committee met at this time we recommended to the coordinators that the agenda for these annual meetings be planned in such a manner to permit a greater use of the consultants present. Specifically, we urged that there be a discussion of curriculum content in the graduate program and that problems relating to internship be taken up with the State Directors to insure a comprehensive experience in the operating field.

Council members will be interested to know that at the present time there are 34 universities conducting graduate programs in Rehabilitation Counseling, and that during the current year there will be approximately 1½ million dollars disbursed from the OVR budget for their operation and administration and for traineeships. Our Committee strongly endorses the program of graduate training and looks forward to its providing or supplying a larger number of qualified counselors to fill the positions created by expansion within our State programs of Vocational Rehabilitation.

VIII Adjustment Training for Blind Applicants for Rehabilitation Counseling Training

The problem presented by certain blind students in rehabilitation counseling courses was brought to the attention of the Committee at its New York meeting. At its suggestion, OVR has prepared a staff paper on this subject. In part it states: "that there is a definite need to evaluate carefully all blind candidates for vocational rehabilitation counseling training to insure that graduates are competent and capable of performing all of the functions of a good counselor.

. . . Our Committee recommended that the irreducible minimum of performance stipulated in the paper be established and that all present and future blind trainees be evaluated according to these criteria at the earliest possible date. Those found to be deficient or ill equipped are to be referred to the proper State agency for remedial training in the common skills of blindness prior to acceptance as rehabilitation counseling trainees.

IX Professional Library Bibliography

At the suggestion of our Committee OVR has developed a selected annotated bibliography that is available at this time only to State Directors for use in staff development. It is urged that this list not be generally circulated to other than State vocational rehabilitation personnel. We recommend that some State agency develop a project on a simple coded filing storage system for our State agency libraries that will facilitate and encourage wider staff use of library materials including pamphlets.

X Training for State Agency Personnel in Placement Techniques

OVR has proposed to our Committee that

(a) The States Council Committee on Training help define and organize an intensive program of training in placement of the handicapped.

(b) The Committee explore immediate and long range needs in the development of technical competencies and broader concepts in placement and follow-up services.

(c) The Committee study the question of joint collaboration with State Employment Service agencies in staff training aimed at development of more realistic and operable inter-agency placement procedures, with special reference to the hard core, "more-difficult-to-place" clients who are becoming known in increasing numbers to both agencies.

Training in placement skills and techniques has not received the emphasis as has other areas of knowledge required in the rehabilitation program. State staff manuals devote very little content in outlining standards, guidelines and procedures in placement operations. Orientation training institutes have provide about one lecture during the course to the subject of placement. In-service training programs have not emphasized staff training in the more technical content of the placement process. For the most part, university training programs deal with the subject very lightly. Use has not been made of provisions for joint staff training included in ES-VR cooperative agreements as a means of improving operations in this area.

It has been pointed out several times that State agencies seldom select and train rehabilitation staff with specialized placement activity in mind. Too often placement is considered a chore and something less professional than other rehabilitation services. Too often there is a general reluctance on the part of counselors to accept the responsibility for placement and to develop real action programs. The tendency has been to leave it up to the employment service. These distorted concepts of the placement responsibility and the increasing challenge of the more severely handicapped client point up the very real necessity for staff training programs in the "know-how" of placing the handicapped.

The Committee feels this subject is of major importance, and recommends that Regional Training Councils give serious consideration to its early inclusic in their planning for Regional in-service training institutes; that the GTP Workshop consider accelerating its work on this subject; and that State Director stress its importance to University training coordinators with a view toward adding more material on placement to the curriculum for rehabilitation counselor training programs.

XI Guidance, Training and Placement Workshop

This Workshop is now in its twelfth consecutive year. This year it is concerned with studies covering (a) Supervision, (b) The older disabled worker, and (c) Rehabilitation services to non-employed closures.

During its existence the Workshop has developed substantial technical and professional training materials in some twenty program areas. OVR announced to the Committee a new series of printed technical bulletins based on Workshop proceedings and bringing together in one publication material developed in specific program areas. The first such bulletin "Casework Performance in Vocational Rehabilitation" will be available for distribution the latter part of this month; a second bulletin "Psychological Services in Vocational Rehabilitation" is ready for printing. Others planned for the immediate future are (a) "Source Materials and Case Studies For In-Service Training," (b) "Rehabilitation of the Mentally Retarded," and (c) "Placement Aspects of Rehabilitation Counseling."

Respectfully submitted,

Committee on Training
Council of State Directors

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